

ICMJE DISCLOSURE FORM

Date: 19-05-2021

Your Name: Laura Hagens

Manuscript Title: DARTS: Diagnosis of Acute Respiratory disTress Syndrome by bedside exhaled breath octane measurements in invasively ventilated patients: protocol of a multicentre observational cohort study

Manuscript number (if known): ATM-21-1384

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

The following questions apply to the author's relationships/activities/interests as they relate to the current manuscript only.

The author's relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
Time frame: Since the initial planning of the work			
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	<input checked="" type="checkbox"/> None	
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> None	
3	Royalties or licenses	<input checked="" type="checkbox"/> None	
4	Consulting fees	<input checked="" type="checkbox"/> None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	
11	Stock or stock options	<input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

Please summarize the above conflict of interest in the following box:

None.

Please place an "X" next to the following statement to indicate your agreement:

I certify that I have answered every question and have not altered the wording of any of the questions on this form.

ICMJE DISCLOSURE FORM

Date: 17-5-2021

Your Name: Nanon F.L. Heijnen

Manuscript Title: DARTS: Diagnosis of Acute Respiratory disTress Syndrome by bedside exhaled breath octane measurements in invasively ventilated patients: protocol of a multicentre observational cohort study

Manuscript number (if known): ATM-21-1384

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1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	__X__ None	
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	__X__ None	
3	Royalties or licenses	__X__ None	
4	Consulting fees	__X__ None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

Please summarize the above conflict of interest in the following box:

None.

Please place an "X" next to the following statement to indicate your agreement:

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ICMJE DISCLOSURE FORM

Date: 17-05-2021 _____

Your Name: Marry R. Smit _____

Manuscript Title: DARTS: Diagnosis of Acute Respiratory disTress Syndrome by bedside exhaled breath octane measurements in invasively ventilated patients: protocol of a multicentre observational cohort study

Manuscript number (if known): ATM-21-1384 _____

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Time frame: past 36 months			
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11	Stock or stock options	<input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

Please summarize the above conflict of interest in the following box:

None.

Please place an "X" next to the following statement to indicate your agreement:

I certify that I have answered every question and have not altered the wording of any of the questions on this form.

ICMJE DISCLOSURE FORM

Date: May 17th, 2021

Your Name: Alwin R.M. Verschueren

Manuscript Title: DARTS: Diagnosis of Acute Respiratory disTress Syndrome by bedside exhaled breath octane measurements in invasively ventilated patients: protocol of a multicentre observational cohort study

Manuscript number (if known): ATM-21-1384

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1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	Philips	Employed by company Philips
Time frame: past 36 months			
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3	Royalties or licenses	<input checked="" type="checkbox"/> None	
4	Consulting fees	<input checked="" type="checkbox"/> None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	Philips	Manuscript writing is task included in employment contract
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	Philips	Travel costs are reimbursed by employer
8	Patents planned, issued or pending	Philips	Patents pending
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	
11	Stock or stock options	<input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

Please summarize the above conflict of interest in the following box:

The author is employed by company Philips.

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I certify that I have answered every question and have not altered the wording of any of the questions on this form.

ICMJE DISCLOSURE FORM

Date: May 17th, 2021

Your Name: Tamara M.E. Nijsen

Manuscript Title: DARTS: Diagnosis of Acute Respiratory disTress Syndrome by bedside exhaled breath octane measurements in invasively ventilated patients: protocol of a multicentre observational cohort study

Manuscript number (if known): ATM-21-1384

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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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ICMJE DISCLOSURE FORM

Date: May 18th, 2021

Your Name: Inge T.M. Geven

Manuscript Title: **DARTS: Diagnosis of Acute Respiratory disTress Syndrome by bedside exhaled breath octane measurements in invasively ventilated patients: protocol of a multicentre observational cohort study**

Manuscript number (if known): ATM-21-1384

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3	Royalties or licenses	<u> X </u> None	
4	Consulting fees	<u> X </u> None	

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Please place an "X" next to the following statement to indicate your agreement:

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ICMJE DISCLOSURE FORM

Date: may 17, 2021

Your Name: Marcus J Schultz

Manuscript Title: **DARTS: Diagnosis of Acute Respiratory disTress Syndrome by bedside exhaled breath octane measurements in invasively ventilated patients: protocol of a multicentre observational cohort study**

Manuscript number (if known): **ATM-21-1384**

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Time frame: past 36 months			
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3	Royalties or licenses	<input checked="" type="checkbox"/> None	
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7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

Please summarize the above conflict of interest in the following box:

None.

Please place an "X" next to the following statement to indicate your agreement:

Marcus Schultz I certify that I have answered every question and have not altered the wording of any of the questions on this form.



ICMJE DISCLOSURE FORM

Date: 19-05-2021

Your Name: Dennis C.J. Bergmans, MD, PhD

Manuscript Title: DARTS: Diagnosis of Acute Respiratory disTress Syndrome by bedside exhaled breath octane measurements in invasively ventilated patients: protocol of a multicentre observational cohort study

Manuscript number (if known): ATM-21-1384

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Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	__ None	
3	Royalties or licenses	__ None	
4	Consulting fees	__ None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	__ None	
6	Payment for expert testimony	__ None	
7	Support for attending meetings and/or travel	__ None	
8	Patents planned, issued or pending	__ None	
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10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	__ None	
11	Stock or stock options	__ None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	__ None	
13	Other financial or non-financial interests	__ None	

Please summarize the above conflict of interest in the following box:

None.

Please place an "X" next to the following statement to indicate your agreement:

X I certify that I have answered every question and have not altered the wording of any of the questions on this form.

ICMJE DISCLOSURE FORM

Date: 17th May 2021

Your Name: Ronny Schnabel

Manuscript Title: DARTS: Diagnosis of Acute Respiratory disTress Syndrome by bedside exhaled breath octane measurements in invasively ventilated patients: protocol of a multicentre observational cohort study

Manuscript number (if known): ATM-21-1384

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Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	Grant for research project, Lung fund, The Netherlands	
3	Royalties or licenses	None	

4	Consulting fees	None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	
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13	Other financial or non-financial interests	None	

Please summarize the above conflict of interest in the following box:

Grant received for the research project, Lung fund, The Netherlands

Please place an "X" next to the following statement to indicate your agreement:

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ICMJE DISCLOSURE FORM

Date: 19-5-2021

Your Name: Lieuwe Bos

Manuscript Title: DARTS: Diagnosis of Acute Respiratory disTress Syndrome by bedside exhaled breath octane measurements in invasively ventilated patients: protocol of a multicentre observational cohort study

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Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	Amsterdam UMC	Personal fellowship
		Innovative Medicine Initiative	
		Dutch Lung Foundation	Dirkje Postma Award
3	Royalties or licenses	<input checked="" type="checkbox"/> None	

4	Consulting fees	<input checked="" type="checkbox"/> None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
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13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

Please summarize the above conflict of interest in the following box:

The author received grants from Health Holland, Dutch Lung Foundation (longfonds), Innovative medicine initiative and Amsterdam UMC.

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