Date: 21th Jul. 2021		
Your Name: Shengjun Liu		
Manuscript Title: Recogniz	ng Blood Pressure Patterns in Sedated Critically III Patients on Mechanical Vent	ilatior
by Spectral Clustering		
Manuscript number (if known):	ATM-21-2806	

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.

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		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.	XNone	
		Time frame: past	36 months
2	Grants or contracts from	-	
	any entity (if not indicated in item #1 above).	XNone	
3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

5	Payment or honoraria for	<b>X</b> None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
_	educational events	<b>Y</b>	
6	Payment for expert testimony	<b>X</b> None	
	testimony		
7	Support for attending	V Name	
′	meetings and/or travel	<b>X</b> None	
	meetings and, or traver		
8	Patents planned, issued or	<b>X</b> None	
	pending	XNone	
9	Participation on a Data	<b>X</b> None	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	<b>X</b> None	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	<b>X</b> None	
12	Descipt of equipment	V N	
12	Receipt of equipment, materials, drugs, medical	<b>X</b> None	
	writing, gifts or other		
	services		
13	Other financial or non-	<b>X</b> None	
	financial interests		
Ple	ase summarize the above co	onflict of interest in the fol	lowing box:
Γ.			
	None.		

Date: 21th Jul. 2021		
Your Name: Longxiang Su		_
Manuscript Title: Recognizing Blo	od Pressure Patterns in Sedated Critically III Patients on Mechanical Ver	ntilatior
by Spectral Clustering		
Manuscript number (if known):	ATM-21-2806	

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	any entity (if not indicated in item #1 above).	XNone	
3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

5	Payment or honoraria for	<b>X</b> None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
_	educational events	<b>Y</b>	
6	Payment for expert testimony	<b>X</b> None	
	testimony		
7	Support for attending	V Name	
′	meetings and/or travel	<b>X</b> None	
	meetings and, or traver		
8	Patents planned, issued or	<b>X</b> None	
	pending	XNone	
9	Participation on a Data	<b>X</b> None	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	<b>X</b> None	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	<b>X</b> None	
12	Descipt of equipment	V N	
12	Receipt of equipment, materials, drugs, medical	<b>X</b> None	
	writing, gifts or other		
	services		
13	Other financial or non-	<b>X</b> None	
	financial interests		
Ple	ase summarize the above co	onflict of interest in the fol	lowing box:
Γ.			
	None.		

Date: 21th Jul. 2021		
Your Name: Xin Liu		
Manuscript Title: Recognizing Blo	od Pressure Patterns in Sedated Critically I	<b>II Patients on Mechanical Ventilation</b>
by Spectral Clustering		
Manuscript number (if known):	ATM-21-2806	

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		Time frame: past	36 months
2	Grants or contracts from	-	
	any entity (if not indicated in item #1 above).	XNone	
3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

5	Payment or honoraria for	<b>X</b> None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
_	educational events	<b>Y</b>	
6	Payment for expert testimony	<b>X</b> None	
	testimony		
7	Support for attending	V Name	
′	meetings and/or travel	<b>X</b> None	
	meetings and, or traver		
8	Patents planned, issued or	<b>X</b> None	
	pending	XNone	
9	Participation on a Data	<b>X</b> None	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	<b>X</b> None	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	<b>X</b> None	
12	Descipt of equipment	V N	
12	Receipt of equipment, materials, drugs, medical	<b>X</b> None	
	writing, gifts or other		
	services		
13	Other financial or non-	<b>X</b> None	
	financial interests		
Ple	ase summarize the above co	onflict of interest in the fol	lowing box:
Γ.			
	None.		

Date: 21th Jul. 2021		
Your Name: Xueqian Zhang		
Manuscript Title: Recognizing Blo	od Pressure Patterns in Sedated Critically Ill	<b>Patients on Mechanical Ventilation</b>
by Spectral Clustering		
Manuscript number (if known):	ATM-21-2806	

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

5	Payment or honoraria for	<b>X</b> None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
_	educational events	<b>Y</b>	
6	Payment for expert testimony	<b>X</b> None	
	testimony		
7	Support for attending	V Name	
′	meetings and/or travel	<b>X</b> None	
	meetings and, or traver		
8	Patents planned, issued or	<b>X</b> None	
	pending	XNone	
9	Participation on a Data	<b>X</b> None	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	<b>X</b> None	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	<b>X</b> None	
12	Descipt of equipment	V N	
12	Receipt of equipment, materials, drugs, medical	<b>X</b> None	
	writing, gifts or other		
	services		
13	Other financial or non-	<b>X</b> None	
	financial interests		
Ple	ase summarize the above co	onflict of interest in the fol	lowing box:
Γ.			
	None.		

Date: 21th Jul. 2021		
Your Name: Zuyu Chen		
Manuscript Title: Recognizing Blo	od Pressure Patterns in Sedated Critically III Patients on Mechanical	<b>Ventilation</b>
by Spectral Clustering		
Manuscript number (if known):	ATM-21-2806	

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		Time frame: past	36 months
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	any entity (if not indicated in item #1 above).	XNone	
3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

5	Payment or honoraria for	<b>X</b> None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
_	educational events	<b>Y</b>	
6	Payment for expert testimony	<b>X</b> None	
	testimony		
7	Support for attending	V Name	
′	meetings and/or travel	<b>X</b> None	
	meetings and, or traver		
8	Patents planned, issued or	<b>X</b> None	
	pending	XNone	
9	Participation on a Data	<b>X</b> None	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	<b>X</b> None	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	<b>X</b> None	
12	Descipt of equipment	V N	
12	Receipt of equipment, materials, drugs, medical	<b>X</b> None	
	writing, gifts or other		
	services		
13	Other financial or non-	<b>X</b> None	
	financial interests		
Ple	ase summarize the above co	onflict of interest in the fol	lowing box:
Γ.			
	None.		

Date: 21th Jul. 2021			
Your Name: <u>Chun Liu</u>			
Manuscript Title: Recognizii	ng Blood Pressure Patterns in Se	edated Critically III Patients on	Mechanical Ventilation
by Spectral Clustering		_	
Manuscript number (if known):	ATM-21-2806		

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	any entity (if not indicated in item #1 above).	XNone	
3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

5	Payment or honoraria for	<b>X</b> None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
_	educational events	<b>Y</b>	
6	Payment for expert testimony	<b>X</b> None	
	testimony		
7	Support for attending	V Name	
′	meetings and/or travel	<b>X</b> None	
	meetings and, or traver		
8	Patents planned, issued or	<b>X</b> None	
	pending	XNone	
9	Participation on a Data	<b>X</b> None	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	<b>X</b> None	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	<b>X</b> None	
12	Descipt of equipment	V N	
12	Receipt of equipment, materials, drugs, medical	<b>X</b> None	
	writing, gifts or other		
	services		
13	Other financial or non-	<b>X</b> None	
	financial interests		
Ple	ase summarize the above co	onflict of interest in the fol	lowing box:
Γ.			
	None.		

Date: 21th Jul. 2021		
Your Name: Hong Na		
Manuscript Title: Recognizio	ng Blood Pressure Patterns in Sec	ated Critically III Patients on Mechanical Ventilation
by Spectral Clustering		
Manuscript number (if known):	ATM-21-2806	

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		Time frame: past	36 months
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	any entity (if not indicated in item #1 above).	XNone	
3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

5	Payment or honoraria for	<b>X</b> None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
_	educational events	<b>Y</b>	
6	Payment for expert testimony	<b>X</b> None	
	testimony		
7	Support for attending	V Name	
′	meetings and/or travel	<b>X</b> None	
	meetings and, or traver		
8	Patents planned, issued or	<b>X</b> None	
	pending	XNone	
9	Participation on a Data	<b>X</b> None	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	<b>X</b> None	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	<b>X</b> None	
12	Descipt of equipment	V N	
12	Receipt of equipment, materials, drugs, medical	<b>X</b> None	
	writing, gifts or other		
	services		
13	Other financial or non-	<b>X</b> None	
	financial interests		
Ple	ase summarize the above co	onflict of interest in the fol	lowing box:
Γ.			
	None.		

Date: 21th Jul. 2021		
Your Name: Yali Li		
Manuscript Title:	Recognizing Blood Pressure Patterns in Sedated Critically III Patients on Mechanical V	<u>/entilatior</u>
by Spectral Clustering		
Manuscript number (if kı	nown):ATM-21-2806	

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		Time frame: past	36 months
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	any entity (if not indicated in item #1 above).	XNone	
3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

5	Payment or honoraria for	<b>X</b> None
	lectures, presentations,	
	speakers bureaus,	
	manuscript writing or	
	educational events	V N
6	Payment for expert testimony	XNone
	testimony	
7	Support for attending	X None
,	meetings and/or travel	XNOTIC
	U- 1.2, 2. 0. 0. 0.	
8	Patents planned, issued or	X None
	pending	
9	Participation on a Data	<b>X</b> None
	Safety Monitoring Board or	
	Advisory Board	
10	Leadership or fiduciary role	XNone
	in other board, society,	
	committee or advocacy group, paid or unpaid	
11	Stock or stock options	X None
	otosk of stook options	X_NOIC
12	Receipt of equipment,	X None
	materials, drugs, medical	
	writing, gifts or other	
	services	
13	Other financial or non-	XNone
	financial interests	
Ple	ease summarize the above co	onflict of interest in the following box:
_		
	None.	

Date: 21th Jul. 2021			
Your Name: Yun Long			_
Manuscript Title: Recognizing Bloo	d Pressure Patterns in Se	edated Critically III Patients on Mechanical Ventil	ation by
Spectral Clustering		<u></u>	
Manuscript number (if known):	ATM-21-2806		

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		Time frame: past	36 months			
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3	Royalties or licenses	XNone				
4	Consulting fees	XNone				

5	Payment or honoraria for	<b>X</b> None				
	lectures, presentations,					
	speakers bureaus,					
	manuscript writing or					
_	educational events	<b>Y</b>				
6	Payment for expert testimony	<b>X</b> None				
	testimony					
7	Support for attending	V Name				
′	meetings and/or travel	<b>X</b> None				
	meetings and, or traver					
8	Patents planned, issued or	<b>X</b> None				
	pending	XNone				
9	Participation on a Data	<b>X</b> None				
	Safety Monitoring Board or					
	Advisory Board					
10	Leadership or fiduciary role	<b>X</b> None				
	in other board, society,					
	committee or advocacy					
	group, paid or unpaid					
11	Stock or stock options	<b>X</b> None				
12	Receipt of equipment,	V N				
12	materials, drugs, medical	<b>X</b> None				
	writing, gifts or other					
	services					
13	Other financial or non-	<b>X</b> None				
	financial interests					
Ple	Please summarize the above conflict of interest in the following box:					
Γ.						
	None.					