

ICMJE DISCLOSURE FORM

Date: Jul. 4th, 2022

Your Name: Chin-Kuo Lin

Manuscript Title: Increased tissue water in patients with severe sepsis affects tissue oxygenation measured by near-infrared spectroscopy: a prospective, observational case-control study

Manuscript number (if known): QIMS-22-127-R2

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.	Chang Gung Medical Foundation	
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	

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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:

The author receives grants from the Chang Gung Medical Foundation of Taiwan for the study (grant Nos. CORPG6E0111, CORPG6E0112, and CORPG6E0113).

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: Jul. 4th, 2022

Your Name: Shaw-Woei Leu

Manuscript Title: Increased tissue water in patients with severe sepsis affects tissue oxygenation measured by near-infrared spectroscopy: a prospective, observational case-control study

Manuscript number (if known): QIMS-22-127-R2

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ICMJE DISCLOSURE FORM

Date: Jul. 5th, 2022

Your Name: Ying-Huang Tsai

Manuscript Title: Increased tissue water in patients with severe sepsis affects tissue oxygenation measured by near-infrared spectroscopy: a prospective, observational case-control study

Manuscript number (if known): QIMS-22-127-R2

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ICMJE DISCLOSURE FORM

Date: Jul. 5th, 2022

Your Name: Shao-Kui Zhou

Manuscript Title: Increased tissue water in patients with severe sepsis affects tissue oxygenation measured by near-infrared spectroscopy: a prospective, observational case-control study

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ICMJE DISCLOSURE FORM

Date: Jul. 6th, 2022

Your Name: Chieh-Mo Lin

Manuscript Title: Increased tissue water in patients with severe sepsis affects tissue oxygenation measured by near-infrared spectroscopy: a prospective, observational case-control study

Manuscript number (if known): QIMS-22-127-R2

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ICMJE DISCLOSURE FORM

Date: Jul. 6th, 2022

Your Name: Shu-Yi Huang

Manuscript Title: Increased tissue water in patients with severe sepsis affects tissue oxygenation measured by near-infrared spectroscopy: a prospective, observational case-control study

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Date: Jul. 6th, 2022

Your Name: Che-Chia Chang

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Date: Jul. 6th, 2022

Your Name: Meng-Chin Ho

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Date: Jul. 6th, 2022

Your Name: Wei-Chun Lee

Manuscript Title: Increased tissue water in patients with severe sepsis affects tissue oxygenation measured by near-infrared spectroscopy: a prospective, observational case-control study

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Your Name: Min-Chi Chen

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

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
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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: Jul. 6th, 2022

Your Name: Yu-Ching Lin

Manuscript Title: Increased tissue water in patients with severe sepsis affects tissue oxygenation measured by near-infrared spectroscopy: a prospective, observational case-control study

Manuscript number (if known): QIMS-22-127-R2

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ICMJE DISCLOSURE FORM

Date: Jul. 6th, 2022

Your Name: Jhe-Ruei Li

Manuscript Title: Increased tissue water in patients with severe sepsis affects tissue oxygenation measured by near-infrared spectroscopy: a prospective, observational case-control study

Manuscript number (if known): QIMS-22-127-R2

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ICMJE DISCLOSURE FORM

Date: Jul. 6th, 2022

Your Name: Bor-Shyh Lin

Manuscript Title: Increased tissue water in patients with severe sepsis affects tissue oxygenation measured by near-infrared spectroscopy: a prospective, observational case-control study

Manuscript number (if known): QIMS-22-127-R2

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