

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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4. Intellectual Property.

This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Katarina

2. Surname (Last Name)
Berry

3. Date
13-January-2021

4. Are you the corresponding author? ☒ Yes ☐ No

5. Manuscript Title
A scoping review to inform a multi-disciplinary approach for nutrition therapy in critically ill children with pressure injuries

6. Manuscript Identifying Number (if you know it)
TP-2020-PCC-17(TP-21-3)

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Section 6. Disclosure Statement

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Mrs. Berry has nothing to disclose.

Evaluation and Feedback

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Stephanie	2. Surname (Last Name) Seiple	3. Date 14-January-2021
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Katarina Berry
5. Manuscript Title A scoping review to inform a multi-disciplinary approach for nutrition therapy in critically ill children with pressure injuries		
6. Manuscript Identifying Number (if you know it) TP-2020-PCC-17(TP-21-3)		

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Section 1.

Identifying Information

1. Given Name (First Name)

Judith

2. Surname (Last Name)

Stellar

3. Date

21-January-2021

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name

Katarina Berry

5. Manuscript Title

A scoping review to inform a multi-disciplinary approach for nutrition therapy in critically ill children with pressure injuries

6. Manuscript Identifying Number (if you know it)

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Judith J. Stellar has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Monica	2. Surname (Last Name) Nagle	3. Date 13-January-2021
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Katarina Berry
5. Manuscript Title A scoping review to inform a multi-disciplinary approach for nutrition therapy in critically ill children with pressure injuries		
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Ms. Nagle has nothing to disclose.

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4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Katarina Berry
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Kelsey Curry has nothing to disclose.

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Royalties: Funds are coming in to you or your institution due to your patent

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Amanda	2. Surname (Last Name) Immel	3. Date 14-January-2021
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Katarina Berry
5. Manuscript Title A scoping review to inform a multi-disciplinary approach for nutrition therapy in critically ill children with pressure injuries		
6. Manuscript Identifying Number (if you know it) TP-2020-PCC-17(TP-21-3)		

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest? ☐ Yes ☒ No

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Are there any relevant conflicts of interest? ☐ Yes ☒ No

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? ☐ Yes ☒ No

ICMJE Form for Disclosure of Potential Conflicts of Interest

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Section 6. Disclosure Statement

Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Ms. Immel has nothing to disclose.

Evaluation and Feedback

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1.

Identifying Information

1. Given Name (First Name)

Richard

2. Surname (Last Name)

James

3. Date

13-January-2021

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name

Katarina Berry

5. Manuscript Title

A scoping review to inform a multi-disciplinary approach for nutrition therapy in critically ill children with pressure injuries

6. Manuscript Identifying Number (if you know it)

TP-2020-PCC-17(TP-21-3)

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☒ No

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☒ No

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☐ Yes

☒ No

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Mr. James has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1.

Identifying Information

1. Given Name (First Name)

Vijay

2. Surname (Last Name)

Srinivasan

3. Date

13-January-2021

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name

Katarina Berry

5. Manuscript Title

A scoping review to inform a multi-disciplinary approach for nutrition therapy in critically ill children with pressure injuries

6. Manuscript Identifying Number (if you know it)

TP-2020-PCC-17(TP-21-3)

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Are there any relevant conflicts of interest?

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Are there any relevant conflicts of interest?

☐ Yes

☒ No

Section 4.

Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?

☐ Yes

☒ No

ICMJE Form for Disclosure of Potential Conflicts of Interest

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Dr. Srinivasan has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1.

Identifying Information

1. Given Name (First Name)

Maria

2. Surname (Last Name)

Mascarenhas

3. Date

13-January-2021

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name

Katarina Berry

5. Manuscript Title

A scoping review to inform a multi-disciplinary approach for nutrition therapy in critically ill children with pressure injuries

6. Manuscript Identifying Number (if you know it)

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Are there any relevant conflicts of interest?

☐ Yes

☒ No

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☐ Yes

☒ No

Section 4.

Intellectual Property -- Patents & Copyrights

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☐ Yes

☒ No

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Dr. Mascarenhas has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1.

Identifying Information

1. Given Name (First Name)

Anna

2. Surname (Last Name)

Garrett

3. Date

13-January-2021

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name

Katarina Berry

5. Manuscript Title

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6. Manuscript Identifying Number (if you know it)

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Anna Garrett RN, BSN, CWOCN has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Sharon Y	2. Surname (Last Name) Irving	3. Date 13-January-2021
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Katarina Berry
5. Manuscript Title A scoping review to inform a multi-disciplinary approach for nutrition therapy in critically ill children with pressure injuries		
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Are there any relevant conflicts of interest? ☐ Yes ☒ No

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Are there any relevant conflicts of interest? ☒ Yes ☐ No

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
ASPEN	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Reduced fee as conference faculty
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Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? ☐ Yes ☒ No

ICMJE Form for Disclosure of Potential Conflicts of Interest

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Section 6. Disclosure Statement

Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Dr. Irving reports other from ASPEN, other from SCCM, outside the submitted work; .

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