

ICMJE DISCLOSURE FORM

Date: August 29, 2024
 Your Name: Sarah Bradley
 Manuscript Title: Title: "You have to hold their hand": Experiences of providers integrating virtual health methods while caring for ICU patients during the COVID-19 pandemic
 Manuscript number (if known): APM-24-98-CL

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.

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

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None.

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ICMJE DISCLOSURE FORM

Date: August 30, 2024
 Your Name: Evey Aslanian
 Manuscript Title: Title: "You have to hold their hand": Experiences of providers integrating virtual health methods while caring for ICU patients during the COVID-19 pandemic
 Manuscript number (if known): APM-24-98-CL

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Date: August 30, 2024
 Your Name: Cara Ferguson
 Manuscript Title: Title: "You have to hold their hand": Experiences of providers integrating virtual health methods while caring for ICU patients during the COVID-19 pandemic
 Manuscript number (if known): APM-24-98-CL

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ICMJE DISCLOSURE FORM

Date: Aug 29th, 2024

Your Name: C. Ann Vitous

Manuscript Title: "You have to hold their hand": Experiences of providers integrating virtual health methods while caring for ICU patients during the COVID-19 pandemic

Manuscript number (if known): APM-24-98-CL

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ICMJE DISCLOSURE FORM

Date: August 29, 2024

Your Name: Adela Wu

Manuscript Title: "You have to hold their hand": Experiences of providers integrating virtual care and communication methods while caring for ICU patients during the COVID-19 pandemic

Manuscript number (if known): _____

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Date: August 30, 2024
 Your Name: Ashley Duby
 Manuscript Title: Title: "You have to hold their hand": Experiences of providers integrating virtual health methods while caring for ICU patients during the COVID-19 pandemic
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Date: August 30, 2024
 Your Name: M. Andrew Millis
 Manuscript Title: Title: "You have to hold their hand": Experiences of providers integrating virtual health methods while caring for ICU patients during the COVID-19 pandemic
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Date: August 30, 2024
 Your Name: Pasithorn A. Suwanabol
 Manuscript Title: Title: "You have to hold their hand": Experiences of providers integrating virtual health methods while caring for ICU patients during the COVID-19 pandemic
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