Date: <u>6/24/202</u>	Date: <u>6/24/2021</u>				
Your Name:	our Name: Marie-Carmelle Elie-Turenne				
Manuscript Title	Manuscript Title: A Large Multicenter Evaluation of qSOFA and SIRS Performance Among				
Hospitalized US Emergency Department Patients with Suspected Infection					
Manuscrint number (if known): IFCCM-21-56					

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 <u>current</u> <u>manuscript only</u>.

The author's relationships/activities/interests should be <u>defined broadly</u>. 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.

		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	x_None	
4	Consulting fees	_xNone	

5	Payment or honoraria for	xNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
6	educational events Payment for expert	y None	
0	testimony	xNone	
	testimony		
7	Support for attending	x None	
	meetings and/or travel		
8	Patents planned, issued or	xNone	
	pending		
9	Participation on a Data	xNone	
	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	xNone	
12	Receipt of equipment,	xNone	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non- financial interests	xNone	
	illidiicidi liiterests		
Ple	ase summarize the above c	onflict of interest in the fol	lowing box:
			-
	None		

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

Date: <u>6/24/202</u>	Date: <u>6/24/2021</u>				
Your Name:	our Name: Raghu Seethala				
Manuscript Title	le: A Large Multicenter Evaluation of qSOFA and SIRS Perfo	rmance Among			
lospitalized US Emergency Department Patients with Suspected Infection					
Manuscript nun	mber (if known): JECCM-21-56				

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

5	Payment or honoraria for	xNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
6	educational events Payment for expert	y None	
0	testimony	xNone	
	testimony		
7	Support for attending	x None	
	meetings and/or travel		
8	Patents planned, issued or	xNone	
	pending		
9	Participation on a Data	xNone	
	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	xNone	
12	Receipt of equipment,	xNone	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non- financial interests	xNone	
	illidiicidi liiterests		
Ple	ase summarize the above c	onflict of interest in the fol	lowing box:
			-
	None		

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

Date:	June 24	2021		
Your N	lame:	mo P. Aisiku		
Manus	script Title:	A Large Multicenter Evaluation of qSOFA and SIRS Performance Among		
Hospitalized US Emergency Department Patients with Suspected Infection				
Manus	script numb	er (if known): <u>JECCM-21-56</u>		

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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	

		Т	
5	Payment or honoraria for	XNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
_		V. Nana	
6	Payment for expert	X_None	
	testimony		
7	Support for attending	XNone	
	meetings and/or travel		
	,		
8	Patents planned, issued or	X None	
	pending		
	Pe		
9	Participation on a Data	XNone	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	X None	
10	in other board, society,	XNone	
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	X None	
	·		
12	Receipt of equipment,	X_None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	XNone	
	financial interests		

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.

Date: <u>6/24/2021</u>					
Your Name:	our Name: Azra Bihorac				
Manuscript Title	e: A Large Multicenter Evaluation of gSOFA and SIRS Perform	ance Among			
lospitalized US Emergency Department Patients with Suspected Infection					
Manuscript num	nber (if known): JECCM-21-56				

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

5	Payment or honoraria for	xNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
6	educational events Payment for expert	y None	
0	testimony	xNone	
	testimony		
7	Support for attending	x None	
	meetings and/or travel		
8	Patents planned, issued or	xNone	
	pending		
9	Participation on a Data	xNone	
	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	xNone	
12	Receipt of equipment,	xNone	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non- financial interests	xNone	
	illidiicidi liiterests		
Ple	ase summarize the above c	onflict of interest in the fol	lowing box:
			-
	None		

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

Date: <u>6/24/202</u> :	ate: <u>6/24/2021</u>				
Your Name: Tezcan Ozrazgat-Baslanti					
Manuscript Title	e: A Large Multicenter Evaluation of qSOFA and SIRS Performance An	nong			
Hospitalized US	<b>Emergency Department Patients with Suspected Infection</b>	-			
Manuscript num	nber (if known): JECCM-21-56				

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3	Royalties or licenses	xNone	
4	Consulting fees	_xNone	

5	Payment or honoraria for	xNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
6	educational events Payment for expert	y None	
0	testimony	xNone	
	testimony		
7	Support for attending	x None	
·	meetings and/or travel		
8	Patents planned, issued or	xNone	
	pending		
9	Participation on a Data	xNone	
	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	xNone	
12	Receipt of equipment,	xNone	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non- financial interests	xNone	
	illidiicidi liiterests		
Ple	ase summarize the above c	onflict of interest in the fol	lowing box:
			-
	None		

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

Date: <u>6/24/202</u>	rate: <u>6/24/2021</u>				
Your Name:	emba Mark				
Manuscript Title	A Large Multicenter Evaluation of qSOFA and SIRS Performance Among				
Hospitalized US	mergency Department Patients with Suspected Infection				
Manuscript num	er (if known): JECCM-21-56				

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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	xNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
6	educational events Payment for expert	y None	
0	testimony	xNone	
	testimony		
7	Support for attending	x None	
·	meetings and/or travel		
8	Patents planned, issued or	xNone	
	pending		
9	Participation on a Data	xNone	
	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	xNone	
12	Receipt of equipment,	xNone	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non- financial interests	xNone	
	illidiicidi liiterests		
Ple	ase summarize the above c	onflict of interest in the fol	lowing box:
			-
	None		

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

**Date:** June 23<sup>rd</sup> 2021

Your Name: Naomi George

Manuscript Title: A Large Multicenter Evaluation of qSOFA and SIRS Performance Among Hospitalized US Emergency

**Department Patients with Suspected Infection** 

Manuscript number (if known):

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

4	Consulting fees	XNone	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	XNone	
6	Payment for expert testimony	XNone	
7	Support for attending meetings and/or travel	XNone	
8	Patents planned, issued or pending	XNone	
9	Participation on a Data Safety Monitoring Board or Advisory Board	XNone	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	XNone	
11	Stock or stock options	XNone	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	X_None	
13	Other financial or non- financial interests	XNone	
	ease summarize the above co	onflict of interest in the fol	lowing box:

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

Date: June 22	<u>, 2021</u>					
Your Name:	Brandon Allen					
Manuscript Title: Hospitalized US	A Large Multicenter Evaluation of qSOFA and SIRS Performance Among Emergency Department Patients with Suspected Infection					
Manuscript numb	Manuscript number (if known):					

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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		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 lectures, presentations, speakers bureaus, manuscript writing or educational events	XNone	
6	Payment for expert testimony	XNone	
7	Support for attending meetings and/or travel	XNone	
8	Patents planned, issued or pending	XNone	
9	Participation on a Data Safety Monitoring Board or Advisory Board	XNone	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	XNone	
11	Stock or stock options	XNone	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	X_None	
13	Other financial or non- financial interests	XNone	
	ease summarize the above co	onflict of interest in the fol	lowing box:

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

Date:	6	/22/	2021
Your N	lame:		Shahab Bozorgmehri
Manus	script <sup>-</sup>	Title	: A Large Multicenter Evaluation of qSOFA and SIRS Performance Among Hospitalized US Emergency
<u>Depar</u>	tment	Pati	ients with Suspected Infection
Manus	script	num	ber (if known):

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	medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
		Time frame: past	36 months
2	Grants or contracts from	XNone	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

5	Payment or honoraria for	XNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
6	educational events Payment for expert	X None	
О	testimony	XNone	
	testimony		
7	Support for attending	X None	
,	meetings and/or travel		
	meetings und/or traver		
8	Patents planned, issued or	X None	
	pending		
9	Participation on a Data	XNone	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	XNone	
	in other board, society,		
	committee or advocacy		
11	group, paid or unpaid Stock or stock options	X None	
11	Stock of Stock options	xNone	
12	Receipt of equipment,	X None	
	materials, drugs, medical	<u></u>	
	writing, gifts or other		
	services		
13	Other financial or non-	XNone	
	financial interests		
Plea	ase summarize the above co	inflict of interest in the foll	owing box:
	lone		

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

Date: June 25, 2021

Your Name: David A. Meurer, MD

Manuscript Title: A Large Multicenter Evaluation of qSOFA and SIRS Performance Among

Hospitalized US Emergency Department Patients with Suspected Infection

Manuscript number (if known): JECCM-21-56

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

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

I have NO conflicts of interest							

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

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

Date: June 25, 2021

Your Name: Hasan Rasheed, MD

Manuscript Title: A Large Multicenter Evaluation of qSOFA and SIRS Performance Among

Hospitalized US Emergency Department Patients with Suspected Infection

Manuscript number (if known): JECCM-21-56

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3	Royalties or licenses	X None	
4	Consulting fees	X None	

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

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

I have NO conflicts of interest							

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

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

Date: June 25, 2021

Your Name: Ching-Fang Tzeng, MD MPH

Manuscript Title: A Large Multicenter Evaluation of qSOFA and SIRS Performance Among

Hospitalized US Emergency Department Patients with Suspected Infection

Manuscript number (if known): JECCM-21-56

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 <u>current</u> <u>manuscript only</u>.

The author's relationships/activities/interests should be <u>defined broadly</u>. 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.

		Name all entities with whom you have this relationship or indicate none (add rows as needed)  Time frame: Since the initial	Specifications/Comments (e.g., if payments were made to you or to your institution)
	I 411	I	planning of the work
1	All support for the present	X None	
	manuscript (e.g., funding,		
	provision of study materials,		
	medical writing, article processing charges, etc.)		
	No time limit for this item.		
	No time innit for this item.		
		Time frame: week	26 months
2		Time frame: past	36 months
2	Grants or contracts from	X None	
	any entity (if not indicated		
_	in item #1 above).		
3	Royalties or licenses	X None	
4	Consulting fees	X None	

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

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

I have NO conflicts of interest							

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

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

Date: _	June 23	2021					
Your N	lame:	Peter Hou					
Manus	cript Title	A Large Multicenter Evaluation of qSOFA and SIRS Performance Among					
Hospitalized US Emergency Department Patients with Suspected Infection							
Manus	cript num	er (if known):JECCM-21-56					

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.	_X_None							
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 lectures, presentations, speakers bureaus, manuscript writing or educational events	XNone	
6	Payment for expert testimony	XNone	
7	Support for attending meetings and/or travel	XNone	
8	Patents planned, issued or pending	XNone	
9	Participation on a Data Safety Monitoring Board or Advisory Board	X_None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	XNone	
11	Stock or stock options	X_None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	X_None	
13	Other financial or non- financial interests	XNone	

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.