

## ICMJE DISCLOSURE FORM

Date: 6/24/2021  
 Your Name: Marie-Carmelle Elie-Turenne  
 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 current manuscript only.

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In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

		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)
<b>Time frame: Since the initial planning of the work</b>			
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	<input checked="" type="checkbox"/> None	
<b>Time frame: past 36 months</b>			
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	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
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7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	
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:

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: 6/24/2021  
 Your Name: Raghu Seethala  
 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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## ICMJE DISCLOSURE FORM

Date: June 24, 2021

Your Name: Imo P. Aisiku

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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## ICMJE DISCLOSURE FORM

Date: 6/24/2021  
 Your Name: Azra Bihorac  
 Manuscript Title: A Large Multicenter Evaluation of qSOFA and SIRS Performance Among Hospitalized US Emergency Department Patients with Suspected Infection  
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## ICMJE DISCLOSURE FORM

Date: 6/24/2021  
 Your Name: Tezcan Ozrazgat-Baslanti  
 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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## ICMJE DISCLOSURE FORM

Date: 6/24/2021  
 Your Name: Kemba Mark  
 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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## ICMJE DISCLOSURE 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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## ICMJE DISCLOSURE FORM

Date: June 22, 2021

Your Name: Brandon Allen

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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## ICMJE DISCLOSURE FORM

Date: 6/22/2021

Your Name: Shahab Bozorgmehri

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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## ICMJE DISCLOSURE 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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I have NO conflicts of interest

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## ICMJJE DISCLOSURE 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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## ICMJE DISCLOSURE 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

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## ICMJE DISCLOSURE FORM

Date: June 23, 2021  
 Your Name: Peter Hou  
 Manuscript Title: A Large Multicenter Evaluation of qSOFA and SIRS Performance Among Hospitalized US Emergency Department Patients with Suspected Infection  
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