## ICMJE DISCLOSURE FORM

Date:	2/19/22
Your Nam	e: Nicolas LaPuma
Manuscrip	ot Title: Extracorporeal Membrane Oxygenation use in a 26 week Pregnant Female with a Severe COVID-1
Infection,	Case Report
Manuscri	ot number (if known): <u>JECCM-22-11-R1</u>

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 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.

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)			
	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	XNone				

4	Consulting fees	XNone			
5	lectures, presentations,	XNone			
	speakers bureaus, manuscript writing or educational events				
6	Payment for expert testimony	XNone			
7	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	X None			
	in other board, society,				
	committee or advocacy group, paid or unpaid				
11	Stock or stock options	XNone			
12	Receipt of equipment,	X_None			
	materials, drugs, medical				
	writing, gifts or other services				
13	Other financial or non- financial interests	XNone			
Plea	Please summarize the above conflict of interest in the following box:				
N	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.

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Date: Feb. 19<sup>th</sup>, 2022

any entity (if not indicated

X\_\_None

in item #1 above).
Royalties or licenses

You	r Name: Ris	hi Gonugur	ntla				_
Mar	Nanuscript Title: Extracorporeal Membrane Oxygenation use in a 26 week Pregnant Female with a Severe COVID-19					D-19	
<u>Infe</u>	ction, Case Repo	<u>rt</u>					
Mar	nuscript number	(if known):	<u>JECCI</u>	M-22-11-R1			
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	dication, even if t		-	•			
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the	time frame for di	isclosure is	the p	ast 36 months.			
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				ionship or indicate	9	institution)	ı
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	medical writing, a						ı
	processing charge						i.
	No time limit for	this item.					ı
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				Time frame:	past 3	36 months	Ì
2	Grants or contrac	ts from	X_	None			Ī

4	Consulting fees	XNone			
5	lectures, presentations,	XNone			
	speakers bureaus, manuscript writing or educational events				
6	Payment for expert testimony	XNone			
7	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	X None			
	in other board, society,				
	committee or advocacy group, paid or unpaid				
11	Stock or stock options	XNone			
12	Receipt of equipment,	X_None			
	materials, drugs, medical				
	writing, gifts or other services				
13	Other financial or non- financial interests	XNone			
Plea	Please summarize the above conflict of interest in the following box:				
N	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.

## ICMJE DISCLOSURE FORM

Date: <u>2/19/2022</u>					
Your Name: Ryan Joseph					
Manuscript Title: Extracorporeal Membrane Oxygenation use in a 26 week Pregnant Female with a Severe COVID					
19 Infection, Case Report					
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,	_XNone			
	speakers bureaus,				
	manuscript writing or				
	educational events				
6	Payment for expert	X_None			
	testimony				
7	Support for attending meetings and/or travel	XNone			
8	Patents planned, issued or	XNone			
	pending				
9	Participation on a Data	X None			
9	Safety Monitoring Board or				
	Advisory Board				
10	Leadership or fiduciary role	X None			
	in other board, society,				
	committee or advocacy				
	group, paid or unpaid				
11	Stock or stock options	X None			
12	Receipt of equipment,	X None			
12	materials, drugs, medical				
	writing, gifts or other				
	services				
13	Other financial or non-	XNone			
	financial interests				
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Plea	Please summarize the above conflict of interest in the following box:				
	None				
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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.