

ICMJE DISCLOSURE FORM

Date: 04.05.2021

Your Name: Rebecca Platt

Manuscript Title: Identification of Sick Children in Acute Care settings

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.

The following questions apply to the author's relationships/activities/interests as they relate to the current manuscript only.

The author's relationships/activities/interests should be defined broadly. 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.	___ None	
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	___ None	
3	Royalties or licenses	___ None	
4	Consulting fees	___ None	
5		___ None	

	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events		
6	Payment for expert testimony	___ None	
7	Support for attending meetings and/or travel	___ None	
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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: 05/05/2021

Your Name: Kat Priddis

Manuscript Title: Identification of Sick Children in Acute Care settings

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Date: 5/5/21

Your Name: Ben Lawton

Manuscript Title: Identification of Sick Children in Acute Care settings

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ICMJE DISCLOSURE FORM

Date: 04.05.2021

Your Name: Dani Hall

Manuscript Title: Identification of Sick Children in Acute Care settings

Manuscript number (if known):

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ICMJE DISCLOSURE FORM

Date: 5th may 2021

Your Name: Dr. Damian Roland

Manuscript Title: Identification of Sick Children in Acute Care settings

Manuscript number (if known):

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