

Instructions

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| Section 1. | Identifying Infor | mation | |
|---------------------------------------|--|------------------------------------|--|
| 1. Given Name (Fi KAVITA | irst Name) | 2. Surname (Last Name) MURUGHAN | 3. Date 03-April-2020 |
| 4. Are you the corresponding author? | | Yes 🖌 No | Corresponding Author's Name Kollengode Ramanathan |
| 5. Manuscript Titl Disseminated ac | | nmunocompetent adults s | upported with extracorporeal membrane oxygenation |
| 6. Manuscript Ide JTD-19-2096 | ntifying Number (if you l | know it) | |
| Section 2. | The Work Under | Consideration for Pub | lication |
| | stitution at any time rec submitted work (includir | eive payment or services fro | m a third party (government, commercial, private foundation, etc.) for data monitoring board, study design, manuscript preparation, |

| Are there any relevant conflicts of interest? | | Yes | \checkmark | No |
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| Are there any relevant conflicts of interest? | Yes | | No |
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| Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes | es √ No | С |
|--|----------|---|
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Dr. MURUGHAN has nothing to disclose.

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| Section 1. | Identifying Infor | mation | | | | |
|--|--|-------------------------------|--|--|--|--|
| 1. Given Name (Fi Grace Shu-wen | rst Name) | 2. Surname (Last Nam Chang | e) 3. Date 08-April-2020 | | | |
| 4. Are you the corresponding author? | | Yes 🖌 No | Corresponding Author's Name Ramanathan K.R. | | | |
| 5. Manuscript Title Disseminated ad | | nmunocompetent adult | s supported with extracorporeal membrane oxygenation | | | |
| 6. Manuscript Ider TD-19-2096-R1 | 6. Manuscript Identifying Number (if you know it) TD-19-2096-R1 | | | | | |
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| Section 2. | The Work Under (| Consideration for Pu | blication | | | |

Did you or your institution **at any time** receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

🖌 No

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| Section 1. Identifying Info | rmation | |
|---|----------------------------------|--|
| 1. Given Name (First Name) Melissa | 2. Surname (Last Name) Ngai | 3. Date 14-April-2020 |
| 4. Are you the corresponding author? | Yes 🖌 No | Corresponding Author's Name Ramanathan K.R. |
| 5. Manuscript Title Disseminated adenoviral disease in i | mmunocompetent adults s | upported with extracorporeal membrane oxygenation |
| 6. Manuscript Identifying Number (if you JTD-19-2096-R1 | ı know it) | |
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|--|--------------------------------|--|--------------------------|--|--|--|
| Identifying inform | lation | | | | | |
| 1. Given Name (First Name) Simeon | 2. Surname (Last Name) Tang | | 3. Date 06-April-2020 | | | |
| 4. Are you the corresponding author? | Yes 🖌 No | Corresponding Author's Na Kollengode Ramanathan | | | | |
| 5. Manuscript Title Disseminated adenoviral disease in imm | nunocompetent adults su | pported with extracorpore | al membrane oxygenation | | | |
| 6. Manuscript Identifying Number (if you kn | ow it) | | | | | |
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| Do you have any patents, whether planned, pending or issued, broadly relevant to the work? | | Yes | ✓ No | |
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| _ | Identifying inform | nation | |
| 1. Given Name (Fi | rst Name) | 2. Surname (Last Nam | ae) 3. Date |
| Graeme | | MacLaren | 06-April-2020 |
| 4. Are you the co | responding author? | Yes 🖌 No | Corresponding Author's Name |
| | | | Kollengode Ramanathan |
| 5. Manuscript Titl | e | | |
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| Did you or your in | stitution at any time rece | eive payment or services | from a third party (government, commercial, private foundation, etc.) for |

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Dr. MacLaren has nothing to disclose.

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Definitions.

Entity: government agency, foundation, commercial sponsor, academic institution, etc.

Grant: A grant from an entity, generally [but not always] paid to your organization

Personal Fees: Monies paid to you for services rendered, generally honoraria, royalties, or fees for consulting , lectures, speakers bureaus, expert testimony, employment, or other affiliations

Non-Financial Support: Examples include drugs/equipment supplied by the entity, travel paid by the entity, writing assistance, administrative support, etc.

Other: Anything not covered under the previous three boxes Pending: The patent has been filed but not issued Issued: The patent has been issued by the agency Licensed: The patent has been licensed to an entity, whether earning royalties or not Povalties: Funds are coming in to you or your institution due to you



| Section 1. | Identifying Inform | nation | | |
|---|---------------------------|-----------------------------|--------------------------|-------------------------------------|
| 1. Given Name (F Kollengode | irst Name) | 2. Surname (L Ramanathan | | 3. Date 06-April-2020 |
| 4. Are you the co | rresponding author? | ✓ Yes | No | |
| 5. Manuscript Titl Disseminated ad | | munocompeter | nt adults supported with | extracorporeal membrane oxygenation |
| 6. Manuscript Ide | ntifying Number (if you k | now it) | | |
| | | | | |
| Section 2. | The Work Under C | onsideration | for Publication | |
| Did you or your institution at any time receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)? Are there any relevant conflicts of interest? Yes V No | | | | |

Section 3. Relevant financial activities outside the submitted work.

Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the "Add +" box. You should report relationships that were **present during the 36 months prior to publication**.

| Are there any relevant conflicts of interest? | | Yes | \checkmark | No |
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| Do you have any patents, whether planned, pending or issued, broadly relevant to the work? 🗌 Yes | ′es 🖌 | No |
|--|-------|----|
|--|-------|----|



Section 5. Relationships not covered above

Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?

Yes, the following relationships/conditions/circumstances are present (explain below):

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At the time of manuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements. On occasion, journals may ask authors to disclose further information about reported relationships.

Section 6. Disclosure Statement

Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Dr. Ramanathan has nothing to disclose.

Evaluation and Feedback