

Instructions

The purpose of this form is to provide readers of your manuscript with information about your other interests that could influence how they receive and understand your work. The form is designed to be completed electronically and stored electronically. It contains programming that allows appropriate data display. Each author should submit a separate form and is responsible for the accuracy and completeness of the submitted information. The form is in six parts.

Identifying information.

2. The work under consideration for publication.

This section asks for information about the work that you have submitted for publication. The time frame for this reporting is that of the work itself, from the initial conception and planning to the present. The requested information is about resources that you received, either directly or indirectly (via your institution), to enable you to complete the work. Checking "No" means that you did the work without receiving any financial support from any third party -- that is, the work was supported by funds from the same institution that pays your salary and that institution did not receive third-party funds with which to pay you. If you or your institution received funds from a third party to support the work, such as a government granting agency, charitable foundation or commercial sponsor, check "Yes"

3. Relevant financial activities outside the submitted work.

This section asks about your financial relationships with entities in the bio-medical arena that could be perceived to influence, or that give the appearance of potentially influencing, what you wrote in the submitted work. You should disclose interactions with ANY entity that could be considered broadly relevant to the work. For example, if your article is about testing an epidermal growth factor receptor (EGFR) antagonist in lung cancer, you should report all associations with entities pursuing diagnostic or therapeutic strategies in cancer in general, not just in the area of EGFR or lung cancer.

Report all sources of revenue paid (or promised to be paid) directly to you or your institution on your behalf over the 36 months prior to submission of the work. This should include all monies from sources with relevance to the submitted work, not just monies from the entity that sponsored the research. Please note that your interactions with the work's sponsor that are outside the submitted work should also be listed here. If there is any question, it is usually better to disclose a relationship than not to do so.

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4. Intellectual Property.

This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

Relationships not covered above.

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Royalties: Funds are coming in to you or your institution due to your patent

Shah 1



Section 1. Identifying Inform	nation	
1. Given Name (First Name) Neeraj	2. Surname (Last Name) Shah	3. Date 16-September-2020
4. Are you the corresponding author?	Yes ✓ No	Corresponding Author's Name Dr Patrick Murphy
5. Manuscript Title Novel modes of non-invasive ventilation	n in chronic respiratory fai	ure
6. Manuscript Identifying Number (if you kn JTD-CUS-2020-013	now it)	_
Section 2. The Work Under Co	onsideration for Public	ation
any aspect of the submitted work (including statistical analysis, etc.)? Are there any relevant conflicts of intere	y but not limited to grants, da est? Yes ✓ No	a third party (government, commercial, private foundation, etc.) for ta monitoring board, study design, manuscript preparation,
Section 3. Relevant financial	activities outside the s	ubmitted work.
of compensation) with entities as descri	ibed in the instructions. Us port relationships that wer	ether you have financial relationships (regardless of amount e one line for each entity; add as many lines as you need by e present during the 36 months prior to publication .
Section 4. Intellectual Proper	rty Patents & Copyrig	hts
Do you have any patents, whether plant	ned, pending or issued, br	oadly relevant to the work? Yes V No

Shah 2



Section 5. Polationships not severed phase			
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):			
✓ No other relationships/conditions/circumstances that present a potential conflict of interest			
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. Shah has nothing to disclose.			

Evaluation and Feedback

Please visit http://www.icmje.org/cgi-bin/feedback to provide feedback on your experience with completing this form.

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D'Cruz 1



Section 1. Identifying Inform	nation	
1. Given Name (First Name) Rebecca	2. Surname (Last Name) D'Cruz	3. Date 16-September-2020
4. Are you the corresponding author?	Yes ✓ No	Corresponding Author's Name Dr Patrick Murphy
5. Manuscript Title Novel modes of non-invasive ventilation	on in chronic respiratory fai	ilure
6. Manuscript Identifying Number (if you ki JTD-CUS-2020-013	now it)	_
Section 2. The Week Under C		
The work onder C	onsideration for Public	
		a third party (government, commercial, private foundation, etc.) for ta monitoring board, study design, manuscript preparation,
Are there any relevant conflicts of inter	est? ☐ Yes ✓ No	
Section 3. Polyant financial		
Relevant financial	activities outside the s	submitted work.
of compensation) with entities as descr	ibed in the instructions. Us	ether you have financial relationships (regardless of amount se one line for each entity; add as many lines as you need by re present during the 36 months prior to publication.
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Intellectual Prope	rty Patents & Copyrig	gnts
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D'Cruz 2



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Dr. D'Cruz has nothing to disclose.

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D'Cruz 3



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Murphy 1



Identifying Information

Section 1.

Patrick

1. Given Name (First Name)

ICMJE Form for Disclosure of Potential Conflicts of Interest

Murphy

2. Surname (Last Name)

3. Date

21-September-2020

4. Are you the corresponding author?	Yes	√ No	Correspond Dr PB Mur	_	or's Name	
5. Manuscript Title Novel modes of non-invasive ventilation	in chroni	c respirato	ry failure			
6. Manuscript Identifying Number (if you known JTD-CUS-2020-013	ow it)					
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Did you or your institution at any time received any aspect of the submitted work (including statistical analysis, etc.)? Are there any relevant conflicts of interest	but not lim		ts, data monitoring			.) for
Section 3. Relevant financial a	ctivities	outside t	the submitted	work.		
Place a check in the appropriate boxes in of compensation) with entities as described clicking the "Add +" box. You should report there any relevant conflicts of interesting the second conflicts of interesting	oed in the ort relationst?	instructior nships tha 'es	ns. Use one line fo	or each er	ntity; add as many lines as you need	
Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments	
Philips	✓	✓			Grants to institution, Fees for CPD approved activity	
ResMed	✓	✓			Grants to institution, Fees for CPD approved activity	
-&P	✓	\checkmark			Grants to institution, Fees for CPD approved activity	
3&D Electromedical	✓	\checkmark			Grants to institution, Fees for CPD approved activity	
Santhera		✓			Advisor board	
SSK	✓					

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Section 4.	Intellectual Property Patents & Copyrights			
Do you have any	patents, whether planned, pending or issued, broadly relevant to the work? Yes Volume			
Section 5.	Relationships not covered above			
	elationships or activities that readers could perceive to have influenced, or that give the appearance of ncing, what you wrote in the submitted work?			
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	rts grants and personal fees from Philips, grants and personal fees from ResMed, grants and personal fees and personal fees from B&D Electromedical, personal fees from Santhera, grants from GSK, outside the			

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