

ICMJE DISCLOSURE FORM

Date: 21 Apr 2021

Your Name: Szymon Skoczyński

Manuscript Title: Lung ultrasound may improve COVID-19 safety protocols

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.	<input checked="" type="checkbox"/> None	
Time frame: past 36 months			
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	

21/04/2021 

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
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.

2/10/2021 *Cheryl Jones*

ICMJE DISCLOSURE FORM

Date: 21.04.2021

Your Name: ___Natalia Buda

Manuscript Title: Lung ultrasound may improve COVID-19 safety protocols

Manuscript number (if known): JTD-21-295

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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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.

Burde Nitzlich

ICMJE DISCLOSURE FORM

Date: 21 Apr 2021

Your Name: Konrad Mendrala

Manuscript Title: Lung ultrasound may improve COVID-19 safety protocols

Manuscript number (if known): _____

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Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	__X__ None	
3	Royalties or licenses	__X__ None	
4	Consulting fees	__X__ None	

21/04/21

Konrad Mendrala

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
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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.

21/09/21

Khaled Alshak

ICMJE DISCLOSURE FORM

Date: 22.04.2021 _____
 Your Name: Tomasz Górecki _____
 Manuscript Title: Lung ultrasound in early COVID-19 triage _____
 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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No conflict of interest

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Tomaz Gredi

ICMJE DISCLOSURE FORM

Date: 21.04.2021

Your Name: Kucewicz Ewa

Manuscript Title: Lung ultrasound may improve COVID-19 safety protocols

Manuscript number (if known): JTD-21-295

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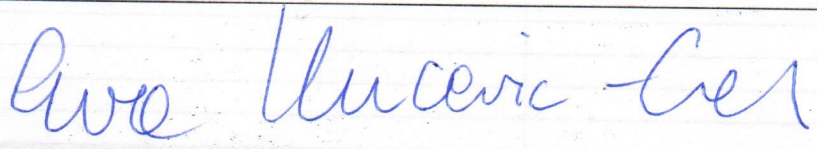
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13	Other financial or non-financial interests	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	

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:

"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: 21st Apr 2021

Your Name: Łukasz Krzych

Manuscript Title

Manuscript number (if known): JTD-21-295-R1

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6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
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13	Other financial or non-financial interests	None	

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None

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Heuph

ICMJE DISCLOSURE FORM

Date: 21.04.2021

Your Name: Tomasz Koszutski

Manuscript Title: Lung ultrasound may improve COVID-19 safety protocols

Manuscript number (if known): JTD-21-295

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Please summarize the above conflict of interest in the following box:

None

Thomas Koszofski

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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.

ICMJE DISCLOSURE FORM

Date: 21 Apr 2021

Your Name: Tomasz Darocha

Manuscript Title: Lung ultrasound may improve COVID-19 safety protocols

Manuscript number (if known): _____

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21/Apr/2021 *Tomasz Darocha*

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
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21 / APR / 2021 Tamar Darden