

ICMJE DISCLOSURE FORM

Date: 4/14/2021

Your Name: Janice L. Farlow

Manuscript Title: Tracheostomy for COVID-19 Respiratory Failure: Timing, Ventilatory Characteristics, and Outcomes

Manuscript number (if known): JTD-21-10-CL

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**.

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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	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	_____ None	
6	Payment for expert testimony	_____ None	
7	Support for attending meetings and/or travel	_____ None	
8	Patents planned, issued or pending	_____ None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	_____ None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	_____ None	
11	Stock or stock options	_____ None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	_____ None	
13	Other financial or non-financial interests	_____ None	

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

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: 4/14/2021

Your Name: Pauline K. Park, MD

Manuscript Title: Tracheostomy for COVID-19 Respiratory Failure: Timing, Ventilatory Characteristics, and Outcomes

Manuscript number (if known): JTD-21-10-CL

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Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	NIH NHLBI (COVID, ARDS)	Grant funds paid to institution
		NIH NIAID (COVID)	Grant funds paid to institution
		DoD (ARDS)	Grant funds paid to institution
		Eli Lilly (COVID)	Grant funds paid to institution
		Atox Bio (Sepsis)	Grant funds paid to institution
		Marcus Foundation (Sepsis)	Grant funds paid to institution
	Bristol Myers Squibb	Grant funds paid to institution	

		(Sepsis)	
3	Royalties or licenses	<input type="checkbox"/> None	
4	Consulting fees	<input checked="" type="checkbox"/> None	
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	SCCM	SCCM Council meetings
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	SCCM	Council, designated Surgery seat
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:

Dr. Park reports receiving grant funding paid to her institution during the past three years from NHLBI, NIAID, DoD, Eli Lilly, Atox Bio, the Marcus Foundation and Bristol Myers Squibb. She serves on the Council of the Society of Critical Care Medicine.

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: 4/14/2021

Your Name: Michael Sjoding

Manuscript Title: Tracheostomy for COVID-19 Respiratory Failure: Timing, Ventilatory Characteristics, and Outcomes

Manuscript number (if known): JTD-21-10-CL

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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.	NIH grant funding	K01 HL136687 to M.W.S
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input type="checkbox"/> None	
3	Royalties or licenses	<input checked="" type="checkbox"/> None	
4	Consulting fees	<input checked="" type="checkbox"/> None	

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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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:

Michael Sjoding reports receiving grant funding from the NIH during the completion of this works

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: 4/14/2021

Your Name: Stephen Kay

Manuscript Title: Tracheostomy for COVID-19 Respiratory Failure: Timing, Ventilatory Characteristics, and Outcomes

Manuscript number (if known): JTD-21-10-CL

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Time frame: past 36 months			
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3	Royalties or licenses	<input checked="" type="checkbox"/> None	
4	Consulting fees	<input checked="" type="checkbox"/> None	

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:

Stephen Kay reports receiving grant funding from the NIH during the completion of this works

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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: 4/14/2021

Your Name: Ross Blank MD

Manuscript Title: Tracheostomy for COVID-19 Respiratory Failure: Timing, Ventilatory Characteristics, and Outcomes

Manuscript number (if known): JTD-21-10-CL

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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	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	____ None	
6	Payment for expert testimony	____ None	
7	Support for attending meetings and/or travel	____ None	
8	Patents planned, issued or pending	____ None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	____ None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	____ None	
11	Stock or stock options	____ None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	____ None	
13	Other financial or non-financial interests	____ None	

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

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.

ICMJE DISCLOSURE FORM

Date: 4/14/2021

Your Name: Kelly Michele Malloy, MD, FACS

Manuscript Title: Tracheostomy for COVID-19 Respiratory Failure: Timing, Ventilatory Characteristics, and Outcomes

Manuscript number (if known): JTD-21-10-CL

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Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	Up to Date	Royalty to me for intellectual content
4	Consulting fees	None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	___ None	
6	Payment for expert testimony	___ None	
7	Support for attending meetings and/or travel	___ None	
8	Patents planned, issued or pending	___ None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	___ None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	The Agnes Irwin School	Trustee
11	Stock or stock options	___ None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	___ None	
13	Other financial or non-financial interests	___ None	

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

None of these COI are applicable to the submitted manuscript

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

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ICMJE DISCLOSURE FORM

Date: 4/14/2021

Your Name: Laraine Washer

Manuscript Title: Tracheostomy for COVID-19 Respiratory Failure: Timing, Ventilatory Characteristics, and Outcomes

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3	Royalties or licenses	None	
4	Consulting fees	None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	____ None	
6	Payment for expert testimony	____ None	
7	Support for attending meetings and/or travel	____ None	
8	Patents planned, issued or pending	____ None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	____ None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	____ None	
11	Stock or stock options	____ None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	____ None	
13	Other financial or non-financial interests	____ 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

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ICMJE DISCLOSURE FORM

Date: 4/14/2021

Your Name: Lena M. Napolitano MD

Manuscript Title: Tracheostomy for COVID-19 Respiratory Failure: Timing, Ventilatory Characteristics, and Outcomes

Manuscript number (if known): JTD-21-10-CL

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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			
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3	Royalties or licenses	<input checked="" type="checkbox"/> None	
4	Consulting fees	<input checked="" type="checkbox"/> None	

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:

NO Conflict of interest

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.

ICMJE DISCLOSURE FORM

Date: 4/14/2021

Your Name: Venkatakrishna Rajajee

Manuscript Title: Tracheostomy for COVID-19 Respiratory Failure: Timing, Ventilatory Characteristics, and Outcomes

Manuscript number (if known): JTD-21-10-CL

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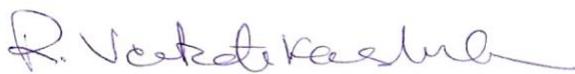
		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
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1	All support for the present manuscript (e.g., funding, provision of study 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	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	
11	Stock or stock options	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non-financial interests	None	

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April 14, 2021

ICMJE DISCLOSURE FORM

Date: 4/14/2021

Your Name: _____

Manuscript Title: Tracheostomy for COVID-19 Respiratory Failure: Timing, Ventilatory Characteristics, and Outcomes

Manuscript number (if known): JTD-21-10-CL

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3	Royalties or licenses	<input checked="" type="checkbox"/> None	
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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 type="checkbox"/> None	Unpaid/Unreimbursed volunteer service President and member of Board of Directors, Global Tracheostomy Collaborative (a 501(c)3 nonprofit educational entity)
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:

<p>No financial conflicts.</p> <p>Volunteer Leadership Role: President and member of Board of Directors, Global Tracheostomy Collaborative (a 501(c)3 nonprofit educational entity) -- Unpaid/Unreimbursed volunteer service</p>
--

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.

A handwritten signature in blue ink, appearing to read "Michael J. Brenner". The signature is fluid and cursive, with a long horizontal stroke at the end.

Michael J. Brenner, M.D.

April 14, 2021

ICMJE DISCLOSURE FORM

Date: 4/14/2021

Your Name: Steven Chinn

Manuscript Title: Tracheostomy for COVID-19 Respiratory Failure: Timing, Ventilatory Characteristics, and Outcomes

Manuscript number (if known): JTD-21-10-CL

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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	
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Date: 4/14/2021

Your Name: Jose De Cardenas MD

Manuscript Title: Tracheostomy for COVID-19 Respiratory Failure: Timing, Ventilatory Characteristics, and Outcomes

Manuscript number (if known): JTD-21-10-CL

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