Date: 09.	08.2021
Your Nam	ne: Koray Durak
Manuscrij	pt Title: Extracorporeal Membrane Oxygenation in Patients with COVID-19: 1-year Experience
•	ot number (if known): JTD-21-971

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 <u>current manuscript only</u>.

The author's relationships/activities/interests should be <u>defined broadly</u>. 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.

		Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initial	Specifications/Comments (e.g., if payments were made to you or to your institution) 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	lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert	None	
	testimony		
_	2		
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or	None	
	pending		
9	Participation on a Data	None	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	None	
	in other board, society, committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	None	
12	Descript of anythrough	News	
12	Receipt of equipment, materials, drugs, medical	None	
	writing, gifts or other		
	services		
13	Other financial or non-	None	
	financial interests		
Ple	ease summarize the above o	onflict of interest in the fo	ollowing box:

Please place an "X" next to the following statement to indicate your agreement:

Date: 09.08.2021	
Your Name: Rashad Za	ayat
Manuscript Title: Extra	corporeal Membrane Oxygenation in Patients with COVID-19: 1-year Experience
Manuscript number (if	

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1	All support for the present	None	
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	provision of study materials,		
	medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
		Time frame: past	36 months
2	Grants or contracts from	None	
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	in item #1 above).		
3	Royalties or licenses	None	
4	Consulting fees	None	

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

There is no conflict of interest to decla	re.	

Please place an "X" next to the following statement to indicate your agreement:

Date: 09.08.2021	
Your Name: Oliver Grottke	
Manuscript Title: Extracorporeal Membrane Oxygenation in Patients with COVID-19: 1-year Expe	erience
Manuscript number (if known): JTD-21-971	

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13 Other financial or non- None None	
financial interests	

There is no conflict of interest to decla	re.	

Please place an "X" next to the following statement to indicate your agreement:

Date:_	09.08.2021
Your N	lame: Michael Dreher
Manus	script Title: Extracorporeal Membrane Oxygenation in Patients with COVID-19: 1-year Experience
	script number (if known): JTD-21-971

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13 Other financial or non- None None	
financial interests	

There is no conflict of interest to decla	re.	

Please place an "X" next to the following statement to indicate your agreement:

Date:_	09.08.202	
Your N	lame: Rüd	iger Autschbach
Manus	cript Title:	Extracorporeal Membrane Oxygenation in Patients with COVID-19: 1-year Experience
Manus	crint numb	per (if known): JTD-21-971

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12 Receipt of equipment, None	
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13 Other financial or non- None None	
financial interests	

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Please place an "X" next to the following statement to indicate your agreement:

Date: 09.08.2021	
Your Name: Gernot Marx	
Manuscript Title: Extracorporeal Membrane Oxygenation in Patients with COVID-19: 1-year Experience	
Manuscript number (if known): JTD-21-971	

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13 Other financial or non- None None	
financial interests	

There is no conflict of interest to decla	re.	

Please place an "X" next to the following statement to indicate your agreement:

Date: 09.08.2021	
Your Name: Nikolau	s Marx
Manuscript Title: Ex	tracorporeal Membrane Oxygenation in Patients with COVID-19: 1-year Experience
Manuscrint number	(if known): JTD-21-971

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13 Other financial or non- None None	
financial interests	

There is no conflict of interest to decla	re.	

Please place an "X" next to the following statement to indicate your agreement:

Date:	09.08.202	
Your I	Name: Jan	Spillner
Manu	script Title:	Extracorporeal Membrane Oxygenation in Patients with COVID-19: 1-year Experience
Manu	scrint numl	per (if known): JTD-21-971

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11 Stock or stock options None	
12 Receipt of equipment, None	
materials, drugs, medical	
writing, gifts or other	
services	
13 Other financial or non- None None	
financial interests	

There is no conflict of interest to decla	re.	

Please place an "X" next to the following statement to indicate your agreement:

Date: 09.08.2021	
Your Name: Sebastian Kalverkamp	
Manuscript Title: Extracorporeal Membrane Oxygenation in Patients with COVID-19: 1-year Experience	
Manuscrint number (if known): ITD-21-971	

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 <u>current manuscript only</u>.

The author's relationships/activities/interests should be <u>defined broadly</u>. 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.

		Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initial	Specifications/Comments (e.g., if payments were made to you or to your institution) 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	

Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events Payment for expert testimony None Support for attending meetings and/or travel Patents planned, issued or pending Participation on a Data Safety Monitoring Board or Advisory Board Leadership or fiduciary role in other board, society, None None	
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13 Other financial or non- None None	
financial interests	

There is no conflict of interest to decla	re.	

Please place an "X" next to the following statement to indicate your agreement:

Date:	09.08.2021
Your I	Name: Alexander Kersten
Manu	script Title: Extracorporeal Membrane Oxygenation in Patients with COVID-19: 1-year Experience
Manu	script number (if known): JTD-21-971

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 <u>current manuscript only</u>.

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