

# ICMJE DISCLOSURE FORM

**Date:** Click or tap to enter a date. 12/17/2021

**Your Name:** Click or tap here to enter text. DR. VALHAN H. ELI

**Manuscript Title:** Click or tap here to enter text. RESPONSE TO AUTHOR ONLY: PVA OVERVIEW UPDATES AND RESPONSE TO OUR REVIEW ON PEA PLACEMENT IN LCV

**Manuscript Number (if known):** Click or tap here to enter text. JTD-2021-41

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 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) |
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| Time frame: Since the initial planning of the work |  |   |
| 1  | <input checked="" type="checkbox"/> None<br><div> <div></div> <div></div> <div></div> </div> | <div>Click the tab key to add additional rows.</div>                                |
| Time frame: past 36 months                         |  |   |
| 2  | <input checked="" type="checkbox"/> None<br><div> <div></div> <div></div> <div></div> </div> |   |
| 3  | <input checked="" type="checkbox"/> None<br><div> <div></div> <div></div> <div></div> </div> |   |




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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.

  
 PRAVALAN ARUDE



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12/17/2021

Your Name:

Click or tap here to enter text.

JAYAKRISHNA CHENTANABOZNA

Manuscript Title:

Click or tap here to enter text.

Response to Author on Editor Overseen Updates as Response to our Review on Displacement in ICU

Manuscript Number (if known):

Click or tap here to enter text.

JTD - 2021 - 41

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*Chit*  
*J. Chintanabong*