Date: 19th February 2022 Your Name: Wiebke Brücker, MD

Manuscript Title: Clinical Characteristics and Determinants of Mortality in COVID-19 Patients

on an Intensive Care Unit - A Retrospective Explorative One-Year All-Comers Study

Manuscript number (if known): JTD-21-1713

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</u> <u>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)	Specifications/Comments (e.g., if payments were made to you or to your institution)
		Time frame: Since the initi	al 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.	XNone	
	PERMITTED PROPERTY.	Time frame: pas	t 36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	XNone	
3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

5	Payment or honoraria for lectures, presentations,	XNone	
	speakers bureaus, manuscript writing or educational events		
6	Payment for expert testimony	XNone	
7	Support for attending meetings and/or travel	XNone	
8	Patents planned, issued or pending	X_None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	_X_None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	XNone	
11	Stock or stock options	X_None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	XNone	
13	Other financial or non- financial interests	XNone	

I have no conflict of interest to declare!			

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.

Wiebke Brücker, MD

Date:

19th February 2022

Your Name:

Prof. Dr. Amir Abbas Mahabadi

Manuscript Title: Clinical Characteristics and Determinants of Mortality in COVID-19 Patients

on an Intensive Care Unit - A Retrospective Explorative One-Year All-Comers Study

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Prof. Dr. Amir Abbas Mahabadi

Date:

19th February 2022

Your Name:

Dr. Annette Hüschen

Manuscript Title: Clinical Characteristics and Determinants of Mortality in COVID-19 Patients

on an Intensive Care Unit – A Retrospective Explorative One-Year All-Comers Study

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3	Royalties or licenses	x_None	
4	Consulting fees	x_None	

Payment or honoraria for	_x_None	
speakers bureaus, manuscript writing or educational events		
Payment for expert testimony	x_None	
Support for attending meetings and/or travel	xNone	
Patents planned, issued or pending	xNone	
Participation on a Data Safety Monitoring Board or Advisory Board	xNone	
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Stock or stock options	xNone	
Receipt of equipment, materials, drugs, medical writing, gifts or other services	_x_None	
Other financial or non- financial interests	x_None	
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Dr. Annette Hüschen, MD

Date:

19th February 2022

Your Name:

Jan Becker, MD

Manuscript Title: Clinical Characteristics and Determinants of Mortality in COVID-19 Patients

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	provision of study materials, medical writing, article	<u> </u>	**
	processing charges, etc.) No time limit for this item.		
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	in item #1 above).		極的
3	Royalties or licenses	XNone	
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4	Consulting fees	_XNone	3
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5	Payment or honoraria for	XNone	
	lectures, presentations, speakers bureaus, manuscript writing or educational events		
6	Payment for expert testimony	XNone	*
7	Support for attending meetings and/or travel	XNone	
8	Patents planned, issued or pending	XNone	
9	Participation on a Data Safety Monitoring Board or Advisory Board	XNone	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	X None	
11	Stock or stock options	X None	
12	Receipt of equipment,' materials, drugs, medical writing, gifts or other services	<u>X</u> None	
13	Other financial or non- financial interests	XNone	

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Jan Becker, MD

Date:

19th February 2022

Your Name:

Dr. Sebastian Daehnke, MD

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7	Support for attending meetings and/or travel	XNone	
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	pending		
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	Advisory Board		
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	_XNone	
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- 1			

None.	

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Dr. Sebastian Daehnke, MD

Date:

19th February 2022

Your Name:

Prof. Dr. Stefan Möhlenkamp

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Prof. Dr. med. Stefan Möhlenkamp

Chefarzt der Med Klinik II kard:ologie/Intensivmedizin Krankenhaus Sethanien

Prof. Dr. Stefan Möhlenkamp

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