

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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4. Intellectual Property.

This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Adam

2. Surname (Last Name)
Dyas

3. Date
15-May-2022

4. Are you the corresponding author? ☒ Yes ☐ No

5. Manuscript Title
Development of a Universal Thoracic Enhanced Recover After Surgery Protocol for Implementation Across a Diverse Multi-Hospital Health System

6. Manuscript Identifying Number (if you know it)
JTD-22-518

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest? ☐ Yes ☒ No

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The author reports no conflict of interest.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Alyson

2. Surname (Last Name)
Dare Kelleher

3. Date
16-May-2022

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name
Adam Dyas

5. Manuscript Title
Development of a Universal Thoracic Enhanced Recover After Surgery Protocol for Implementation Across a Diverse Multi-Hospital Health System

6. Manuscript Identifying Number (if you know it)
JTD-22-518

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Dare Kelleher has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
Crystal

2. Surname (Last Name)
Erickson

3. Date
16-May-2022

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name
Adam Dyas

5. Manuscript Title
Development of a Universal Thoracic Enhanced Recover After Surgery Protocol for Implementation Across a Diverse Multi-Hospital Health System

6. Manuscript Identifying Number (if you know it)
JTD-22-518

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Dr. Erickson has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
Jennifer

2. Surname (Last Name)
Voss

3. Date
16-May-2022

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name
Adam Dyas

5. Manuscript Title
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6. Manuscript Identifying Number (if you know it)
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Ethan

2. Surname (Last Name)
Cumbler

3. Date
16-May-2022

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☐ Yes ☒ No

Corresponding Author's Name
Adam Dyas

5. Manuscript Title
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Dr. Cumbler has no relevant disclosures or conflicts of interest

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Anne	2. Surname (Last Name) Lambert-Kerzner	3. Date 16-May-2022
4. Are you the corresponding author? ☐ Yes ☒ No		Corresponding Author's Name Adam Dyas
5. Manuscript Title Development of a Universal Thoracic Enhanced Recover After Surgery Protocol for Implementation Across a Diverse Multi-Hospital Health System		
6. Manuscript Identifying Number (if you know it) JTD-22-518		

Section 2. The Work Under Consideration for Publication

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Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? ☐ Yes ☒ No

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Section 6. Disclosure Statement

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Annette

2. Surname (Last Name)
Vizena

3. Date
16-May-2022

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name
Adam Dyas

5. Manuscript Title
Development of a Universal Thoracic Enhanced Recover After Surgery Protocol for Implementation Across a Diverse Multi-Hospital Health System

6. Manuscript Identifying Number (if you know it)
JTD-22-518

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Celisse

2. Surname (Last Name)
Robinson Chavez

3. Date
16-May-2022

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name
Adam Dyas

5. Manuscript Title
Development of a Universal Thoracic Enhanced Recover After Surgery Protocol for Implementation Across a Diverse Multi-Hospital Health System

6. Manuscript Identifying Number (if you know it)
JTD-22-518

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Brandi

2. Surname (Last Name)
Kee

3. Date
16-May-2022

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name
Adam Dyas

5. Manuscript Title
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6. Manuscript Identifying Number (if you know it)
JTD-22-518

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Alison

2. Surname (Last Name)
Barker

3. Date
16-May-2022

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name
Adam Dyas

5. Manuscript Title
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6. Manuscript Identifying Number (if you know it)
JTD-22-518

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

Melissa

2. Surname (Last Name)

Fuller

3. Date

16-May-2022

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name

Adam Dyas

5. Manuscript Title

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Dr. Fuller has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
Susan

2. Surname (Last Name)
Miller

3. Date
16-May-2022

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name
Adam Dyas

5. Manuscript Title
Development of a Universal Thoracic Enhanced Recover After Surgery Protocol for Implementation Across a Diverse Multi-Hospital Health System

6. Manuscript Identifying Number (if you know it)
JTD-22-518

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Susan Miller ACNP-C has nothing to disclose.

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1. Given Name (First Name)
Katherine

2. Surname (Last Name)
McCabe

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16-May-2022

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Adam Dyas

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6. Manuscript Identifying Number (if you know it)
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1. Given Name (First Name)
Katharine

2. Surname (Last Name)
Cook

3. Date
16-May-2022

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name
Adam Dyas

5. Manuscript Title
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6. Manuscript Identifying Number (if you know it)
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1. Given Name (First Name)
Simran

2. Surname (Last Name)
Randhawa

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16-May-2022

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☐ Yes ☒ No

Corresponding Author's Name
Adam Dyas

5. Manuscript Title
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6. Manuscript Identifying Number (if you know it)
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John

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Mitchell

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16-May-2022

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☐ Yes ☒ No

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Adam Dyas

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This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

5. Relationships not covered above.

Use this section to report other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work.

Definitions.

Entity: government agency, foundation, commercial sponsor, academic institution, etc.

Grant: A grant from an entity, generally [but not always] paid to your organization

Personal Fees: Monies paid to you for services rendered, generally honoraria, royalties, or fees for consulting, lectures, speakers bureaus, expert testimony, employment, or other affiliations

Non-Financial Support: Examples include drugs/equipment supplied by the entity, travel paid by the entity, writing assistance, administrative support, etc.

Other: Anything not covered under the previous three boxes

Pending: The patent has been filed but not issued

Issued: The patent has been issued by the agency

Licensed: The patent has been licensed to an entity, whether earning royalties or not

Royalties: Funds are coming in to you or your institution due to your patent

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Robert

2. Surname (Last Name)
Meguid

3. Date
16-May-2022

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name
Adam Dyas

5. Manuscript Title
Development of a Universal Thoracic Enhanced Recover After Surgery Protocol for Implementation Across a Diverse Multi-Hospital Health System

6. Manuscript Identifying Number (if you know it)
JTD-22-518

Section 2. The Work Under Consideration for Publication

Did you or your institution **at any time** receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

Are there any relevant conflicts of interest? ☐ Yes ☒ No

Section 3. Relevant financial activities outside the submitted work.

Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the "Add +" box. You should report relationships that were **present during the 36 months prior to publication**.

Are there any relevant conflicts of interest? ☐ Yes ☒ No

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? ☐ Yes ☒ No

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Section 5. Relationships not covered above

Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?

- ☐ Yes, the following relationships/conditions/circumstances are present (explain below):
- ☒ No other relationships/conditions/circumstances that present a potential conflict of interest

At the time of manuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements. On occasion, journals may ask authors to disclose further information about reported relationships.

Section 6. Disclosure Statement

Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Dr. Meguid has no relevant disclosures or conflicts of interest

Evaluation and Feedback

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