

ICMJE DISCLOSURE FORM

Date: Oct 20, 2022

Your Name: Emily Sneath

Manuscript Title: The Clinical Journey of Patients with a Severe Exacerbation of Chronic Obstructive Pulmonary Disease (COPD): from the Ambulance to the Emergency Department to the Hospital Ward

Manuscript number (if known): **JTD-22-328-R2**

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.

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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.	University of Queensland Masters Degree Funding	
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<u> X </u> None	
3	Royalties or licenses	<u> X </u> 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:

The author reports Masters Degree Funding from University of Queensland.

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.

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Date: Oct 20, 2022

Your Name: Vivienne Tippett

Manuscript Title: The Clinical Journey of Patients with a Severe Exacerbation of Chronic Obstructive Pulmonary Disease (COPD): from the Ambulance to the Emergency Department to the Hospital Ward

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ICMJE DISCLOSURE FORM

Date: Oct 20, 2022

Your Name: Professor Rayleen Bowman

Manuscript Title: The Clinical Journey of Patients with a Severe Exacerbation of Chronic Obstructive Pulmonary Disease (COPD): from the Ambulance to the Emergency Department to the Hospital Ward

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ICMJE DISCLOSURE FORM

Date: Oct 20, 2022

Your Name: Professor Kwun Fong

Manuscript Title: The Clinical Journey of Patients with a Severe Exacerbation of Chronic Obstructive Pulmonary Disease (COPD): from the Ambulance to the Emergency Department to the Hospital Ward

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Date: Oct 20, 2022

Your Name: Wayne Hazell

Manuscript Title: The Clinical Journey of Patients with a Severe Exacerbation of Chronic Obstructive Pulmonary Disease (COPD): from the Ambulance to the Emergency Department to the Hospital Ward

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Date: Oct 20, 2022

Your Name: Philip Masel

Manuscript Title: The Clinical Journey of Patients with a Severe Exacerbation of Chronic Obstructive Pulmonary Disease (COPD): from the Ambulance to the Emergency Department to the Hospital Ward

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ICMJE DISCLOSURE FORM

Date: Oct 20, 2022

Your Name: Denise Bunting

Manuscript Title: The Clinical Journey of Patients with a Severe Exacerbation of Chronic Obstructive Pulmonary Disease (COPD): from the Ambulance to the Emergency Department to the Hospital Ward

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ICMJE DISCLOSURE FORM

Date: Oct 20, 2022

Your Name: Kerriane Watt

Manuscript Title: The Clinical Journey of Patients with a Severe Exacerbation of Chronic Obstructive Pulmonary Disease (COPD): from the Ambulance to the Emergency Department to the Hospital Ward

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Date: Oct 20, 2022

Your Name: Professor Ian Yang

Manuscript Title: The Clinical Journey of Patients with a Severe Exacerbation of Chronic Obstructive Pulmonary Disease (COPD): from the Ambulance to the Emergency Department to the Hospital Ward

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