

ICMJE DISCLOSURE FORM

Date: 4/26/2023

Your Name: Lauren A. Johnson

Manuscript Title: A Closed Surgical Intensive Care Unit Organization Improves Cardiac Surgical Patient Outcomes

Manuscript Number (if known): JTD-22-1471-CL

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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13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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.

ICMJE DISCLOSURE FORM

Date: 5/16/2023

Your Name: Brianna Klucher

Manuscript Title: A Closed Surgical Intensive Care Unit Organization Improves Cardiac Surgical Patient Outcomes

Manuscript Number (if known): JTD-22-1471-CL

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ICMJE DISCLOSURE FORM

Date: 4/26/2023

Your Name: Hanna Jensen

Manuscript Title: A Closed Surgical Intensive Care Unit Organization Improves Cardiac Surgical Patient Outcomes

Manuscript Number (if known): JTD-22-1471-CL

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ICMJE DISCLOSURE FORM

Date: 4/28/2023

Your Name: Rebecca Reif

Manuscript Title: A Closed Surgical Intensive Care Unit Organization Improves Cardiac Surgical Patient Outcomes

Manuscript Number (if known): JTD-22-1471-CL

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ICMJE DISCLOSURE FORM

Date: 4/27/2023

Your Name: Kyle J. Kalkwarf

Manuscript Title: A Closed Surgical Intensive Care Unit Organization Improves Cardiac Surgical Patient Outcomes

Manuscript Number (if known): JTD-22-1741-CL

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		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)
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 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.

ICMJE DISCLOSURE FORM

Date: 4/27/2023

Your Name: Kevin W. Sexton

Manuscript Title: A Closed Surgical Intensive Care Unit Organization Improves Cardiac Surgical Patient Outcomes

Manuscript Number (if known): JTD-22-1471-CL

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)						
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.	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr><td style="height: 15px;"> </td><td style="width: 50px;"> </td></tr> <tr><td style="height: 15px;"> </td><td> </td></tr> <tr><td style="height: 15px;"> </td><td> </td></tr> </table> <div style="font-size: small; margin-top: 5px; text-align: right;">Click the tab key to add additional rows.</div>						
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2	Grants or contracts from any entity (if not indicated in item #1 above).	<input type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr> <td style="width: 50%;">NIH NCATS 5 TL1 TR003109-02</td> <td style="width: 50%;">NIH NIGMS 2 R01 GM111324</td> </tr> <tr> <td>NIH NCATS 5 KL2 TR003108</td> <td> </td> </tr> <tr> <td>NIH NCATS 5 UL1 TR003107</td> <td> </td> </tr> </table>	NIH NCATS 5 TL1 TR003109-02	NIH NIGMS 2 R01 GM111324	NIH NCATS 5 KL2 TR003108		NIH NCATS 5 UL1 TR003107	
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4	Consulting fees	<input type="checkbox"/> None	
		Datafy, LLC	\$100,000 in payments as member of LLC doing healthcare IT consulting
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 type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
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11	Stock or stock options	<input type="checkbox"/> None	
		Decisio Healthcare INC	Stock options for advisory board to me
		Hoopcare, Inc	Stock options for advisory board to me
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	

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ICMJE DISCLOSURE FORM

Date: 4/27/2023

Your Name: Mary Katherine Kimbrough

Manuscript Title: A Closed Surgical Intensive Care Unit Organization Improves Cardiac Surgical Patient Outcomes

Manuscript Number (if known): JTD 22-1471-CL

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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