

## ICMJE DISCLOSURE FORM

**Date:** 3/1/2023

**Your Name:** Raymond Kao

**Manuscript Title:** Expeditious formation of London Health Sciences Centre (LHSC) Adult Ground Critical Care Transport Team in aid of 3rd Wave COVID-19 pandemic in Ontario, Canada

**Manuscript Number (if known):** JHMHP-22-137

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								
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<b>12</b>	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> <b>None</b>	
<b>13</b>	Other financial or non-financial interests	<input checked="" type="checkbox"/> <b>None</b>	

**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:** 3/1/2023

**Your Name:** Chintan Dave

**Manuscript Title:** Expeditious formation of London Health Sciences Centre (LHSC) Adult Ground Critical Care Transport Team in aid of 3rd Wave COVID-19 pandemic in Ontario, Canada

**Manuscript Number (if known):** JHMHP-22-137

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## ICMJE DISCLOSURE FORM

**Date:** 3/1/2023

**Your Name:** Marilyn Risk

**Manuscript Title:** Expeditious formation of London Health Sciences Centre (LHSC) Adult Ground Critical Care Transport Team in aid of 3rd Wave COVID-19 pandemic in Ontario, Canada

**Manuscript Number (if known):** JHMHP-22-137

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**Your Name:** Meaghan St. John

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## ICMJE DISCLOSURE FORM

**Date:** 3/1/2023

**Your Name:** John Hewitt

**Manuscript Title:** Expeditious formation of London Health Sciences Centre (LHSC) Adult Ground Critical Care Transport Team in aid of 3rd Wave COVID-19 pandemic in Ontario, Canada

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<b>12</b>	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> <b>None</b>	
<b>13</b>	Other financial or non-financial interests	<input checked="" type="checkbox"/> <b>None</b>	

**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:** 3/1/2023

**Your Name:** Stacy Ballantyne

**Manuscript Title:** Expeditious formation of London Health Sciences Centre (LHSC) Adult Ground Critical Care Transport Team in aid of 3rd Wave COVID-19 pandemic in Ontario, Canada

**Manuscript Number (if known):** JHMHP-22-137

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## ICMJE DISCLOSURE FORM

**Date:** 3/1/2023

**Your Name:** Michelle Stephens

**Manuscript Title:** Expeditious formation of London Health Sciences Centre (LHSC) Adult Ground Critical Care Transport Team in aid of 3rd Wave COVID-19 pandemic in Ontario, Canada

**Manuscript Number (if known):** JHMHP-22-137

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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:** 3/1/2023

**Your Name:** Brenda Morgan

**Manuscript Title:** Expeditious formation of London Health Sciences Centre (LHSC) Adult Ground Critical Care Transport Team in aid of 3rd Wave COVID-19 pandemic in Ontario, Canada

**Manuscript Number (if known):** JHMHP-22-137

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