

Instructions

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Al-Beidh 1



Section 1.	Identifying Inform	nation			
1. Given Name (Fi Farah	rst Name)	2. Surname (Last Name) Al-Beidh	3. Date 03-April-2020		
4. Are you the corresponding author?		Yes ✓ No	Corresponding Author's Name Derek Angus		
5. Manuscript Title The Randomized rationale and de	d Embedded Multifacto	orial Adaptive Platform for	Community-acquired Pneumonia (REMAP CAP) study:		
6. Manuscript Ide White-202003-1	ntifying Number (if you kr 92SD.R1	now it)			
Section 2.	The Work Under Co	onsideration for Public	cation		
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 Vo					
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Dr. Al-Beidh has nothing to disclose.

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Al-Beidh 3



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Arabi 1



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1. Given Name (Fi Yaseen	rst Name)	2. Surname (Last Name) Arabi	3. Date 03-April-2020		
4. Are you the corresponding author? Yes Vo		Yes ✓ No	Corresponding Author's Name Derek Angus.		
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Arabi 2



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Dr. Arabi is the principal investigator on a clinical trial for lopinavir/ritonavir and interferon in Middle East respiratory syndrome (MERS) and that he was a nonpaid consultant on antiviral active for MERS-coronavirus (CoV) for Gilead Sciences and SAB Biotherapeutics.
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Berry 1



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4. Are you the cor	responding author?	Yes	✓ No	Correspon Derek An		or's Name	
5. Manuscript Title The Randomized rationale and de	l Embedded Multifactor	ial Adapti	ve Platform for	Community	-acquired	d Pneumonia (REMAP CAP) study:	
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	ubmitted work (including					ent, commercial, private foundation, etc.) f tudy design, manuscript preparation,	for
•	evant conflicts of intere						
	out the appropriate info be removed by pressing		•	ve more thai	n one ent	ity press the "ADD" button to add a ro	w.
Name of Institut	ion/Company	Grant?		n-Financial Support <mark>?</mark>	Other?	Comments	
PREPARE (EU)		✓				Statistical Design work	
NHMRC (ANZ)		✓				Statistical Design Work	
CIHR (Canada)						Statistical Design Work	
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Sortion 6
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Dr. Berry reports grants from PREPARE (EU), grants from NHMRC (ANZ), from CIHR (Canada), during the conduct of the study; .

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Bhimani 1



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Dr. Bhimani has nothing to disclose.

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patent



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

Brillinger 1



Section 1.	Identifying Inform	nation			
1. Given Name (Fi Nicole	rst Name)	2. Surname (Last Name) Brillinger	3. Date 03-April-2020		
4. Are you the cor	responding author?	Yes ✓ No	Corresponding Author's Name Derek C. Angus		
5. Manuscript Title The Randomized rationale and de	l Embedded Multifacto	rial Adaptive Platform for (Community-acquired Pneumonia (REMAP CAP) study:		
6. Manuscript Ider White-202003-19	ntifying Number (if you kn 92SD.R1	now it)			
Continue 2					
Section 2.	The Work Under Co	onsideration for Public	ation		
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 V No					
Section 3.	Relevant financial	activities outside the s	ubmitted 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 Vo					
	ı				
Section 4.	Intellectual Proper	rty Patents & Copyrig	hts		
Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes Vo					

Brillinger 2



Section 5. Polationships not sovered above	
Relationships not covered above	
Are there other relationships or activities that readers could perceiv potentially influencing, what you wrote in the submitted work?	e to have influenced, or that give the appearance of
Yes, the following relationships/conditions/circumstances are p	resent (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 co On occasion, journals may ask authors to disclose further information	· ·
Section 6. Disclosure Statement	
Based on the above disclosures, this form will automatically general below.	te a disclosure statement, which will appear in the box
Dr. Brillinger has nothing to disclose.	

Evaluation and Feedback

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Brillinger 3



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patent

Broglio 1



Section 1.	Identifying Inform	nation	
1. Given Name (Fi Kristine	rst Name)	2. Surname (Last Name) Broglio	3. Date 03-April-2020
4. Are you the cor	responding author?	Yes ✓ No	Corresponding Author's Name Derek Angus
5. Manuscript Title The Randomized rationale and de	l Embedded Multifacto	rial Adaptive Platform for 0	Community-acquired Pneumonia (REMAP CAP) study:
6. Manuscript Ider White-202003-19	ntifying Number (if you kr 92SD.R1	now it)	
<i>c ::</i> 2			
Section 2.	The Work Under Co	onsideration for Public	ation
any aspect of the s statistical analysis,	ubmitted work (including etc.)?	but not limited to grants, da	a third party (government, commercial, private foundation, etc.) for ta monitoring board, study design, manuscript preparation,
Are there any rel	evant conflicts of intere	est?	
Section 3			
Section 3.	Relevant financial	activities outside the s	ubmitted work.
of compensation clicking the "Add	n) with entities as descri I +" box. You should rep	ibed in the instructions. Us port relationships that wer	ether you have financial relationships (regardless of amount e one line for each entity; add as many lines as you need by e present during the 36 months prior to publication.
Are there any rel	evant conflicts of intere	est?	
Section 4.	Intellectual Proper	rty Patents & Copyrig	hts
Do you have any	patents, whether plan	ned, pending or issued, br	oadly relevant to the work? ☐ Yes ✓ No

Broglio 2



Section 5.	Relationships not covered above
	Relationships not covered above
	elationships or activities that readers could perceive to have influenced, or that give the appearance of encing, what you wrote in the submitted work?
✓ Yes, the follow	wing relationships/conditions/circumstances are present (explain below):
No other rela	tionships/conditions/circumstances that present a potential conflict of interest
	ry Consultants, a company that specializes in the design and conduct of adaptive clinical trials for companies, medical device companies, government entities, patient advocacy groups, and international
	anuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements rnals may ask authors to disclose further information about reported relationships.
Section 6.	Disclosure Statement
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patent

Brunkhorst 1



Section 1.	Identifying Inform	nation	
1. Given Name (Fi Frank Martin	rst Name)	2. Surname (Last Name) Brunkhorst	3. Date 03-April-2020
4. Are you the cor	responding author?	Yes ✓ No	Corresponding Author's Name Derek Angus
5. Manuscript Title The Randomized rationale and de	l Embedded Multifacto	rial Adaptive Platform for (Community-acquired Pneumonia (REMAP CAP) study:
6. Manuscript Ide White-202003-1	ntifying Number (if you kr 92SD.R1	now it)	
Section 2.	The Work Under Co	onsideration for Public	ation
any aspect of the s statistical analysis,	ubmitted work (including	but not limited to grants, da	a third party (government, commercial, private foundation, etc.) for ta monitoring board, study design, manuscript preparation,
Section 3.	Dalamant Grannial	iii-	who we had a second to
Place a check in of compensation clicking the "Add	the appropriate boxes i n) with entities as descri	bed in the instructions. Us port relationships that wer	ether you have financial relationships (regardless of amount se one line for each entity; add as many lines as you need by se present during the 36 months prior to publication.
Section 4.	Intellectual Proper	ty Patents & Copyrig	yhts
Do you have any	patents, whether plan	ned, pending or issued, br	oadly relevant to the work?

Brunkhorst 2



Section 5. Polationships not sovered above
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?
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Disclosure statement
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Cheng 1



Section 1.	Identifying Inform	nation				
1. Given Name (Fi	rst Name)	2. Surname (Last Name) Cheng	3. Date 03-April-2020			
4. Are you the cor	responding author?	esponding author? Yes V No Corresponding Author's Name Derek C. Angus				
5. Manuscript Title The Randomized rationale and de	l Embedded Multifacto	rial Adaptive Platform for (Community-acquired Pneumonia (REMAP CAP) study:			
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Are there any rel	evant conflicts of intere	est? Yes No				
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Section 3.	Relevant financial	activities outside the s	ubmitted work.			
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		¥				
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Do you have any	patents, whether plan	ned, pending or issued, br	oadly relevant to the work? ☐ Yes ✓ No			

Cheng 2



Section 5.	
R	elationships not covered above
	cionships or activities that readers could perceive to have influenced, or that give the appearance of ng, what you wrote in the submitted work?
Yes, the followin	g relationships/conditions/circumstances are present (explain below):
✓ No other relation	nships/conditions/circumstances that present a potential conflict of interest
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Section 6. Di	isclosure Statement
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Dr. Cheng has nothi	ing to disclose.

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Chiche 1



Section 1. Identifying Inform	nation	
1. Given Name (First Name) Jean-Daniel	2. Surname (Last Name) Chiche	3. Date 03-April-2020
4. Are you the corresponding author?	Yes ✓ No	Corresponding Author's Name Derek C. Angus
5. Manuscript Title The Randomized Embedded Multifacto rationale and design	rial Adaptive Platform for (Community-acquired Pneumonia (REMAP CAP) study:
6. Manuscript Identifying Number (if you kn White-202003-192SD.R1	now it)	_
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Are there any relevant conflicts of interest		
If yes, please fill out the appropriate info		
Name of Entity	Grant? Personal Nor	n-Financial other? Comments
GE Healthcare		
Aspen Pharma		
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Do you have any patents, whether plant	ned, pending or issued, br	oadly relevant to the work? Yes V No

Chiche 2



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Dr. Chiche reports personal fees from GE Healthcare, personal fees from Aspen Pharma, outside the submitted work; .

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Chiche 3



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de Jong 1



Section 1. Identifying Information	ation			
Given Name (First Name) Menno	2. Surname (Last Name) de Jong		3. Date 03-April-2020	
4. Are you the corresponding author?	Yes ✓ No	Corresponding Autho	or's Name	
5. Manuscript Title The Randomized Embedded Multifactor rationale and design	ial Adaptive Platform for	Community-acquired	Pneumonia (REMAP CAP) study:	_
6. Manuscript Identifying Number (if you know White-202003-192SD.R1	ow it)			
		_		
Section 2. The Work Under Co	nsideration for Public	cation		
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 of compensation) with entities as described clicking the "Add +" box. You should report there any relevant conflicts of interesting the specific propriate information of the specific propriate propriate information of the specific propriate propriate information of the specific propriate pro	oed in the instructions. Use ort relationships that werest?	se one line for each er re present during the	ntity; add as many lines as you need	
Name of Entity	Grant? Personal Nor	n-Financial other?	Comments	
/ertex			IDSMB, fees paid to institution	
lanssen			IDSMB, fees paid to instution	
Roche			SAB, fees paid to institution	
Cidara Therapeutics			SAB, fees paid to institution	

de Jong



Section 4. Intellectual Property Patents & Copyrights
Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes Volume No
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
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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. de Jong reports other from Vertex, other from Janssen, other from Roche, other from Cidara Therapeutics, outside the submitted work.

Evaluation and Feedback

 $Please\ visit\ \underline{http://www.icmje.org/cgi-bin/feedback}\ to\ provide\ feedback\ on\ your\ experience\ with\ completing\ this\ form.$

de Jong



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

Derde 1



Section 1. Identifying Information	ation				
1. Given Name (First Name) Lennie	2. Surname (Last Name) Derde		3. Date 03-April-2020		
4. Are you the corresponding author?	e corresponding author? Yes Vo Corresponding Author's Name Derek Angus				
5. Manuscript Title The Randomized Embedded Multifactor rationale and design	ial Adaptive Platform for	Community-acquired	d Pneumonia (REMAP CAP) study:		
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Did you or your institution at any time received any aspect of the submitted work (including statistical analysis, etc.)? Are there any relevant conflicts of interest of the submitted work (including statistical analysis, etc.)?	but not limited to grants, da st?	ta monitoring board, st	udy design, manuscript preparation,		
Name of Institution/Company	Grant•	n-Financial other?	Comments		
JMC Utrecht	✓		FP7-HEALTH-2013-INNOVATION-1, grant number 602525		
Section 3. Relevant financial a	activities outside the s	submitted work.			
Place a check in the appropriate boxes in of compensation) with entities as described clicking the "Add +" box. You should rep	oed in the instructions. Us ort relationships that wer	se one line for each e	ntity; add as many lines as you need by		
Are there any relevant conflicts of interes	st?				
Section 4. Intellectual Propert	ty Patents & Copyric	yhts			
Do you have any patents, whether plann	ed, pending or issued, br	oadly relevant to the	work? ☐ Yes ✓ No		

Derde 2



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Section 6. Disclosure Statement
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Dr. Derde reports grants from UMC Utrecht, during the conduct of the study;.

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Derde 3



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Detry 1



Section 1. Identifying Inform	ation	
1. Given Name (First Name) Michelle	2. Surname (Last Name) Detry	3. Date 03-April-2020
4. Are you the corresponding author?	☐ Yes ✓ No	Corresponding Author's Name Derek Angus
5. Manuscript Title The Randomized Embedded Multifacto rationale and design	rial Adaptive Platform for	Community-acquired Pneumonia (REMAP CAP) study:
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The Work Under Co	onsideration for Public	cation
	but not limited to grants, da	a third party (government, commercial, private foundation, etc.) for ta monitoring board, study design, manuscript preparation,
Section 3. Relevant financial	activities outside the s	submitted work.
Place a check in the appropriate boxes i of compensation) with entities as descri	n the table to indicate who bed in the instructions. Us port relationships that wer	ether you have financial relationships (regardless of amount se one line for each entity; add as many lines as you need by re present during the 36 months prior to publication.
Section 4. Intellectual Proper	ty Patents & Copyrig	nhts
Do you have any patents, whether plant		

Detry 2



Section 5. Bolo	dianahina nadaan ayadahan
Kela	itionships not covered above
	nships or activities that readers could perceive to have influenced, or that give the appearance of what you wrote in the submitted work?
✓ Yes, the following r	elationships/conditions/circumstances are present (explain below):
No other relationsh	ips/conditions/circumstances that present a potential conflict of interest
	sultants, a company that specializes in the design and conduct of adaptive clinical trials for nies, medical device companies, government entities, patient advocacy groups, and international
	ipt acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statement nay ask authors to disclose further information about reported relationships.
Section 6. Disc	losure Statement
Based on the above disbelow.	closures, this form will automatically generate a disclosure statement, which will appear in the box
	Employee of Berry Consultants, a company that specializes in the design and conduct of adaptive naceutical companies, medical device companies, government entities, patient advocacy groups, and

Evaluation and Feedback

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Goossens 1



Section 1.	Identifying Inform	ation			
1. Given Name (Fi Herman	rst Name)	2. Surname (Last Name) Goossens	3. Date 03-April-2020		
4. Are you the cor	responding author?	Yes ✓ No	Corresponding Author's Name Derek C. Angus		
5. Manuscript Title The Randomized rationale and de	l Embedded Multifacto	rial Adaptive Platform for (Community-acquired Pneumonia (REMAP CAP) study:		
6. Manuscript Ider White-202003-19	ntifying Number (if you kr 92SD.R1	now it)			
Continue 2					
Section 2.	The Work Under Co	onsideration for Public	ation		
any aspect of the s statistical analysis,	ubmitted work (including etc.)?	but not limited to grants, da	a third party (government, commercial, private foundation, etc.) for ta monitoring board, study design, manuscript preparation,		
Are there any rel	evant conflicts of intere	est?			
	ı				
Section 3.	Relevant financial	activities outside the s	ubmitted work.		
of compensation clicking the "Add	ı) with entities as descri	bed in the instructions. Us port relationships that wer	ether you have financial relationships (regardless of amount ee one line for each entity; add as many lines as you need by e present during the 36 months prior to publication.		
Are there any fer	evant connicts of intere	est: Tes 🗸 NO			
Section 4.	Intellectual Proper	rty Patents & Copyrig	ıhts		
Do you have any	patents, whether plan	ned, pending or issued, br	oadly relevant to the work? ☐ Yes ✓ No		

Goossens 2



Section 5. Polationships not severed above
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?
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Dr. Goossens has nothing to disclose.

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Gordon 1



Section 1. Identifying Inform	action					
identifying inform	lation					
1. Given Name (First Name) Anthony C	2. Surname (Last Name) Gordon	3. Date 03-April-2020				
4. Are you the corresponding author?	Yes ✓ No	Corresponding Author's Name Derek C. Angus				
5. Manuscript Title The Randomized Embedded Multifacto rationale and design	rial Adaptive Platform for	Community-acquired	I Pneumonia (REMAP CAP) study:			
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Are there any relevant conflicts of interes	est? ✓ Yes No					
If yes, please fill out the appropriate info Excess rows can be removed by pressing		e more than one ent	ity press the "ADD" button to add a row.			
Name of Institution/Company	Grant	n-Financial Other?	Comments			
NIHR Research Professorship	✓		RP-2015-06-018			
NIHR Imperial Biomedical Research Centre						
Section 3. Relevant financial	activities outside the s	ubmitted work.				
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Are there any relevant conflicts of interes	est? ✓ Yes No					
If yes, please fill out the appropriate info	ormation below.					
Name of Entity	Grance	n-Financial Other?	Comments			
GSK			Consulting Fees paid to institution			
Bristol-Myers Squibb			Consulting Fees paid to institution			

Gordon 2



Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments		
Baxter Healthcare		✓			Consulting Fees		
Section 4. Intellectual Propert	Section 4. Intellectual Property Patents & Copyrights						
Do you have any patents, whether plann	ed, pend	ling or issue	ed, broadly releva	nt to the	work? Yes 🗸 No		
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Are there other relationships or activities potentially influencing, what you wrote i				nfluenced	d, or that give the appearance of		
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Dr. Gordon reports grants from NIHR Resthe conduct of the study; other from GSI the submitted work; .							

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Green 1



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1. Given Name (Fi	rst Name)	2. Surname (Last Name) Green	3. Date 03-April-2020
4. Are you the cor	responding author?	Yes ✓ No	Corresponding Author's Name Derek Angus
5. Manuscript Title The Randomized rationale and de	l Embedded Multifacto	rial Adaptive Platform for (Community-acquired Pneumonia (REMAP CAP) study:
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Section 2			
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Do you have any	patents, whether plan	ned, pending or issued, br	oadly relevant to the work? ☐ Yes ✓ No

Green 2



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✓ 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
Disclosure Statement
Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.
Mr. Green has nothing to disclose.

Evaluation and Feedback

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Green 3



Instructions

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

Higgins 1



Section 1. Identifying Inform				
Identifying Inform	ation			
Given Name (First Name) Alisa	2. Surname (Last Name) Higgins		3. Date 03-April-2020	
4. Are you the corresponding author?	Yes 🗸 No	Corresponding Author Derek Angus	or's Name	
5. Manuscript Title The Randomized Embedded Multifactor rationale and design	rial Adaptive Platform fo	r Community-acquired	Pneumonia (REMAP CAP) study:	
6. Manuscript Identifying Number (if you kn White-202003-192SD.R1	ow it)			
Section 2. The Work Under Co	onsideration for Publ	ication		
Did you or your institution at any time receirany aspect of the submitted work (including statistical analysis, etc.)? Are there any relevant conflicts of intere	but not limited to grants, o	. , .	•	c.) for
If yes, please fill out the appropriate info Excess rows can be removed by pressing	•	ave more than one enti	ty press the "ADD" button to add a	row.
Name of Institution/Company	Grant	on-Financial Other?	Comments	
NHMRC, Australia	V			
HRC, New Zealand	✓			
Section 3. Relevant financial a	activities outside the	submitted work.		
Place a check in the appropriate boxes in of compensation) with entities as descri clicking the "Add +" box. You should rep	bed in the instructions. l	Jse one line for each er	ntity; add as many lines as you need	
Are there any relevant conflicts of intere				
If yes, please fill out the appropriate info	ormation below.			
Name of Entity	Grant	on-Financial Other?	Comments	
Celgene				

Higgins 2



Section 4. Intellectual Property Patents & Copyrights
Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes Vo
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?
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Ms. Higgins reports grants from NHMRC, Australia, grants from HRC, New Zealand, during the conduct of the study; grants from Celgene, outside the submitted work; .

Evaluation and Feedback

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Higgins 3



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Hullegie 1



Section 1.	Identifying Inform	ation					
1. Given Name (Fi Sebastiaan	rst Name)	2. Surname (Last N Hullegie	ame)		3. Date 03-April-20	020	
4. Are you the cor	responding author?	Yes 🗸 No	✓ No Corresponding Author's Name Derek C. Angus				
rationale and de	l Embedded Multifactor sign	•	rm for Community	/-acquired Pno	eumonia (REM	AP CAP) study:	
6. Manuscript Idea White-202003-1	ntifying Number (if you kn 92SD.R1	ow it)					
Section 2.							
Section 2.	The Work Under Co	onsideration for	Publication				
any aspect of the s statistical analysis, Are there any rel If yes, please fill o	stitution at any time recei ubmitted work (including etc.)? evant conflicts of intere out the appropriate info be removed by pressing	but not limited to grast? Yes community Yes	ants, data monitorin	g board, study	design, manusc	ript preparation,	
Name of Institut	ion/Company	Grant? Persona	Non-Financial Support?	Other? C	omments		
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Section 3.	Relevant financial	activities outsid	e the submitted	work.			
of compensation clicking the "Adc Are there any rel	the appropriate boxes in with entities as descring the second of the sec	bed in the instructi port relationships tl	ons. Use one line f	or each entity	y; add as many	lines as you nee	ed by
Section 4.	Intellectual Proper	ty Patents & C	opyrights				
Do you have any	patents, whether plani	ned, pending or iss	ued, broadly releva	ant to the wo	rk? Yes	√ No	

Hullegie 2



Section 5. Polationships not severed above
Relationships not covered above
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Section 6. Disclosure Statement
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Dr. Hullegie reports grants from European Commission, during the conduct of the study; .

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

1

KRUGER



Section 1.	Identifying Inform	nation			
1. Given Name (Fi	rst Name)	2. Surname (Last Nam KRUGER	e)	3. Date 03-April-2020	
4. Are you the corresponding author?		☐ Yes ✓ No	Corresponding Aut Derek Angus	hor's Name	
5. Manuscript Title The Randomized rationale and de	l Embedded Multifacto	rial Adaptive Platform	for Community-acquire	ed Pneumonia (REMAP CAP) study:	
6. Manuscript Ider White-202003-19	ntifying Number (if you kr 92SD.R1	now it)			
Section 2.	The Work Under Co	onsideration for Pu	blication		
any aspect of the s statistical analysis,	ubmitted work (including	but not limited to grant	s, data monitoring board,	ment, commercial, private foundation, etc.) study design, manuscript preparation,	for
Section 3.	Relevant financial	activities outside tl	ne submitted work.		
of compensation) with entities as descri	ibed in the instructions	s. Use one line for each	ncial relationships (regardless of amour entity; add as many lines as you need b he 36 months prior to publication.	
•	evant conflicts of intered but the appropriate info		0		
ii yes, piease iiii c	ой те арргорнате ппо	omation below.			
Name of Entity		Grant? Personal Fees?	Non-Financial Other Support?	Comments	
Smiths Medical Pty Ltd				Consulting work unrelated to this project	
	ı				
Section 4.	Intellectual Proper	rty Patents & Cop	yrights		
Do you have any	patents, whether plan	ned, pending or issued	l, broadly relevant to th	ne work? Yes 🗸 No	

KRUGER 2



Section 5. Polationships not severed above
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?
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Dr. KRUGER has nothing to disclose.

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KRUGER 3



Instructions

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patent

Lamontagne 1



Section 1. Identifying Inform	nation						
Given Name (First Name) Francois	2. Surname (Last Name) Lamontagne	3. Date 03-April-2020					
4. Are you the corresponding author?	☐ Yes ✓ No	Corresponding Author's Name Derek C. Angus					
Manuscript TitleThe Randomized Embedded Multifactorationale and design	orial Adaptive Platform for	Community-acquired Pneumonia (REMAP CAP) study:					
6. Manuscript Identifying Number (if you kr White-202003-192SD.R1	now it)	_					
Section 2. The Work Under C							
The Work Under C	onsideration for Public	cation					
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							
Relevant financial	activities outside the s	ubmitted work.					
of compensation) with entities as descr	ibed in the instructions. Us port relationships that wer	ether you have financial relationships (regardless of amount se one line for each entity; add as many lines as you need by re present during the 36 months prior to publication.					
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Do you have any patents, whether plan	ned, pending or issued, br	roadly relevant to the work? Yes V No					

Lamontagne 2



Section 5. Relationships not covered above
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Lamontagne 3



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Lewis 1



Section 1. Identifying Inform	ation						
Identifying Inform	ation						
1. Given Name (First Name) Roger	2. Surname (Last Name) Lewis		3. Date 03-April-2020				
4. Are you the corresponding author?	Yes ✓ No Corresponding Author's Name Derek Angus, MD						
5. Manuscript Title The Randomized Embedded Multifactor rationale and design	rial Adaptive Platform for	Community-acquired	d Pneumonia (REMAP CAP) study:				
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Name of Institution/Company	Grant	n-Financial Other?	Comments				
Berry Consultants, LLC			Dr. Lewis is the Senior Medical Scientist at Berry Consultants, LLC. Berry Consultants, LLC was compensated, in part, for Dr. Lewis's effort on this work by the European PREPARE Consortium.				
Section 3. Relevant financial	activities outside the	submitted work.					
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Lewis 2



Section 4.	
	Intellectual Property Patents & Copyrights
Do you have any	patents, whether planned, pending or issued, broadly relevant to the work? Yes V
Section 5.	Relationships not covered above
	elationships or activities that readers could perceive to have influenced, or that give the appearance of encing, what you wrote in the submitted work?
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No other rela	tionships/conditions/circumstances that present a potential conflict of interest
	denior Medical Scientist at Berry Consultants, LLC, a statistical consulting firm that specializes in the design, oversight, and analysis of Bayesian adaptive and platform clinical trials.
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implementation	s employment by Berry Consultants, LLC, a statistical consulting firm that specializes in the design, oversight, and analysis of Bayesian adaptive and platform clinical trials. Berry Consultants, LLC received e European PREPARE Consortium during the conduct of this work.

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Litton 1



Section 1.	Identifying Inform	ation					
1. Given Name (Fi Edward	rst Name)	2. Surname (La Litton	ast Name)	_	3. Date 03-April-2020		
4. Are you the cor	responding author?	Yes	No				
rationale and de	l Embedded Multifacto sign ntifying Number (if you kn		atform for Community-acqu	uired Pneum	nonia (REMAP CAP) study:		
	ı						
Section 2.	The Work Under Co	onsideration	for Publication				
any aspect of the s statistical analysis,	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 out	side the submitted work	k.			
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Do you have any			r issued, broadly relevant to	the work?	☐ Yes ✓ No		

Litton 2



Section 5. Polationships not solvered above	
Relationships not covered above	
Are there other relationships or activities that readers could perceive to have influenced, or potentially influencing, what you wrote in the submitted work?	that give the appearance of
Yes, the following relationships/conditions/circumstances are present (explain below):	
✓ No other relationships/conditions/circumstances that present a potential conflict of into	erest
At the time of manuscript acceptance, journals will ask authors to confirm and, if necessary, On occasion, journals may ask authors to disclose further information about reported relati	•
Section 6. Disclosure Statement	
Based on the above disclosures, this form will automatically generate a disclosure statement below.	nt, which will appear in the box
Dr. Litton has nothing to disclose.	

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Litton 3



Instructions

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1. Given Name (First Name) John	2. Surname (Last Name) Marshall		3. Date 03-April-2020				
4. Are you the corresponding author?	☐ Yes ✓ No	Corresponding Auth Derek C. Angus	nor's Name				
5. Manuscript Title The Randomized Embedded Multifactorial Adaptive Platform for Community-acquired Pneumonia (REMAP CAP) sturationale and design							
6. Manuscript Identifying Number (if you k White-202003-192SD.R1	now it)						
Section 2. The Work Under C	onsideration for Pub	lication					
Did you or your institution at any time reco any aspect of the submitted work (includin statistical analysis, etc.)? Are there any relevant conflicts of inter	g but not limited to grants,	data monitoring board, s	nent, commercial, private foundation, etc.) for tudy design, manuscript preparation,				
If yes, please fill out the appropriate in Excess rows can be removed by pressir	-	ave more than one en	tity press the "ADD" button to add a row.				
Name of Institution/Company	Grant? Personal N	on-Financial Other	Comments				
Canadian Institutes of Health Research	✓		Peer-reviewed funding for REMAP- CAP				
Section 3. Polovant financial							
Relevant financia	activities outside the	e submitted work.					
	ribed in the instructions.	Use one line for each e	ncial relationships (regardless of amount entity; add as many lines as you need by the 36 months prior to publication .				
Are there any relevant conflicts of inter							
If yes, please fill out the appropriate inf	ormation below.						
Name of Entity	Grant? Personal N	on-Financial Other	Comments				
AKPA Pharma			DSMB Member				
Adrenomed			Consultant				
Baxter			Consultant				



	Name of Entity		Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments		
C	ritical Care Medicine	2		√			Associate Editor		
C	ritical Care			✓			Associate Editor		
	Section 4.	Intellectual Propert	y Pateı	nts & Cop	yrights				
	Do you have any	patents, whether plann	ed, pendir	ng or issue	d, broadly releva	nt to the	work? Yes	✓ No	
	Section 5.	Relationships not c	overed a	bove					
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	✓ Yes, the follow	wing relationships/cond	itions/circ	umstance	s are present (exp	olain belo	ow):		
	No other rela	tionships/conditions/cir	cumstanc	es that pre	sent a potential	conflict c	of interest		
	Chair, International Forum for Acute Care Trialists Canadian PI, REMAP-CAP								
		anuscript acceptance, jo rnals may ask authors to						disclosure statem	nents.
	Section 6.	Disclosure Stateme	nt						
	Based on the abo	ove disclosures, this forn	n will auto	matically g	generate a disclo	sure state	ement, which will a	appear in the box	
	from AKPA Pharr	orts grants from Canadia ma, other from Adrenon I Care, outside the subn NAP-CAP.	ned, perso	nal fees fro	om Baxter, perso	nal fees f	rom Critical Care M	Medicine, persona	I



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McArthur 1



Section 1.	Identifying Inform	ation						
1. Given Name (Fi Colin	rst Name)	2. Surname (Last Na McArthur	me)	3. Date 03-April-2020				
4. Are you the cor	responding author?	Yes ✓ No	-	Corresponding Author's Name Derek C. Angus				
rationale and de	l Embedded Multifacto sign	•	m for Community	-acquired Pneumo	nia (REMAP CAP) study:			
6. Manuscript Ider White-202003-19	ntifying Number (if you kn 92SD.R1	now it)						
Section 2								
Section 2.	The Work Under Co	onsideration for F	Publication					
any aspect of the s statistical analysis, Are there any rel If yes, please fill o	ubmitted work (including etc.)? evant conflicts of intere	est? Yes commation below. If you	nts, data monitorin	g board, study desigr	ercial, private foundation, e n, manuscript preparation, he "ADD" button to add a			
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Health Research Cou	ncil of New Zealand	✓		Program	grant			
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Do you have any	patents, whether plani	ned, pending or issu	ed, broadly releva	ant to the work?	Yes ✓ No			

McArthur 2



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Dr. McArthur rep	orts grants from Health Research Council of New Zealand, during the conduct of the study; .

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McGlothlin 1



Section 1.	Identifying Inform	nation			
Given Name (First Name) Anna		2. Surname (Last Name) McGlothlin	3. Date 03-April-2020		
4. Are you the corresponding author?		Yes ✓ No	Corresponding Author's Name Derek C. Angus		
	5. Manuscript Title The Randomized Embedded Multifactorial Adaptive Platform for Community-acquired Pneumonia (REMAP CAP) study:				
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McGlothlin 2



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Employee of Berry Consultants, a company that specializes in the design and conduct of adaptive clinical trials for pharmaceutical companies, medical device companies, government entities, patient advocacy groups, and international consortia
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McGuinness 1



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Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes Vo				

McGuinness 2



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Relationships not covered above.

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

Mouncey 1



Section 1. Identifying Inform	ation			
1. Given Name (First Name) Paul	2. Surname (Last Name) Mouncey		3. Date 03-April-2020	
4. Are you the corresponding author?	☐ Yes ✓ No	Corresponding Author	or's Name	
5. Manuscript Title The Randomized Embedded Multifactor rationale and design	rial Adaptive Platform for 0	Community-acquired	Pneumonia (REMAP CAP) study:	
6. Manuscript Identifying Number (if you kn White-202003-192SD.R1	ow it)			
Section 2. The Work Under Co	onsideration for Public	ation		
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 If yes, please fill out the appropriate information below. If you have more than one entity press the "ADD" button to add a row. Excess rows can be removed by pressing the "X" button.				
Name of Institution/Company Grant? Personal Non-Financial Support? Comments				
European Union, FP7-HEALTH-2013- NNOVATION-1	✓ □			
Section 3. Relevant financial	activities outside the s	ubmitted 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 V No				
The there any relevant connects of littere	Στ. [163 [y] 140			
Section 4. Intellectual Proper	ty Patents & Copyrig	ıhts		
Do you have any patents, whether plann	ned, pending or issued, br	oadly relevant to the	work? Yes 🗸 No	

Mouncey 2



Section 5. Polationships not severed above
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
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Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.
Mr. Mouncey reports grants from European Union, FP7-HEALTH-2013-INNOVATION-1, during the conduct of the study; .

Evaluation and Feedback

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Mouncey 3



Instructions

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

Murthy 1



Section 1.	Identifying Inform	nation		
1. Given Name (First Name) Srinivas		2. Surname (Last Name) Murthy	3. Date 03-April-2020	
4. Are you the corresponding author?		☐ Yes ✓ No	Corresponding Author's Name Derek Angus	
5. Manuscript Title The Randomized rationale and de	l Embedded Multifacto	rial Adaptive Platform for	Community-acquired Pneumonia (REMAP CAP) study:	
6. Manuscript Ider White-202003-19	ntifying Number (if you kr 92SD.R1	now it)		
	ı			
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Section 4.	Intellectual Proper	rty Patents & Copyric	yhts	
Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes No				

Murthy 2



Section 5.				
Section 5.	Relationships not covered above			
	relationships or activities that readers could perceive to have influenced, or that give the appearance of encing, what you wrote in the submitted work?			
Yes, the follo	wing relationships/conditions/circumstances are present (explain below):			
✓ No other rela	✓ No other relationships/conditions/circumstances that present a potential conflict of interest			
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Continu				
Section 6.	Disclosure Statement			
Based on the abo	ove disclosures, this form will automatically generate a disclosure statement, which will appear in the box			
Dr. Murthy has r	nothing to disclose.			

Evaluation and Feedback

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Murthy 3



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Nichol 1



Section 1. Identifying	Information			
1. Given Name (First Name) Alistair	2. Surname (Last Name) Nichol	3. Date 03-April-2020		
4. Are you the corresponding author	or? Yes ✓ No	Corresponding Author's Name Derek C. Angus		
rationale and design	•	Community-acquired Pneumonia (REMAP CAP) study:		
6. Manuscript Identifying Number (White-202003-192SD.R1	if you know it)	_		
Section 2. The Work III				
The Work U	nder Consideration for Public	cation		
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 If yes, please fill out the appropriate information below. If you have more than one entity press the "ADD" button to add a row. Excess rows can be removed by pressing the "X" button.				
Name of Institution/Company Grant Personal Fees Non-Financial Support Comments				
EU FP-7 Program		EU Funding for PREPARE / REMAPCAp		
Continue				
Section 3. Relevant fin	ancial activities outside the s	submitted work.		
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Section 4. Intellectual	Property Patents & Copyrig	ghts		
Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes Vo				

Nichol 2



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Relationships not covered above
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Sortion 6
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. Nichol reports grants from EU FP-7 Program, from null, during the conduct of the study; .

Evaluation and Feedback

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Nichol 3



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

O'Neill 1



Section 1.	Identifying Inform	nation		
Given Name (First Name) Genevieve		2. Surname (Last Name) O'Neill	3. Date 03-April-2020	
4. Are you the corresponding author?		Yes ✓ No	Corresponding Author's Name Derek Angus	
5. Manuscript Title The Randomized rationale and des	Embedded Multifacto	rial Adaptive Platform for (Community-acquired Pneumonia (REMAP CAP) study:	
6. Manuscript Ider White-202003-19	ntifying Number (if you kn 92SD.R1	now it)		
			-	
Section 2.	The Work Under Co	onsideration for Public	ation	
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 Vo				
Section 3.	Relevant financial	activities outside the s	ubmitted work.	
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Section 4.				
Section 4.	Intellectual Proper	ty Patents & Copyrig	hts	
Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes Vo				

O'Neill 2



Section 5. Relationships not sovered above
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?
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Section 6. Disclosure Statement
Disclosure Statement
Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.
Ms. O'Neill has nothing to disclose.

Evaluation and Feedback

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O'Neill 3



Instructions

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Parke 1



Section 1. Identifying Inform	ation				
1. Given Name (First Name) Rachael	2. Surname (Last Name) Parke		3. Date 03-April-2020		
4. Are you the corresponding author?	Yes ✓ No	Corresponding Author Derek Angus	or's Name		
5. Manuscript TitleThe Randomized Embedded Multifactorrationale and design6. Manuscript Identifying Number (if you knWhite-202003-192SD.R1	•	Community-acquired	l Pneumonia (REMAP CAP) study:		
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Name of Entity	Grant? Personal Nor	n-Financial other?	Comments		
isher and Paykel Healthcare Ltd, New Zealand			Unrestricted grant to support research in the Cardiothoracic Intensive Care Unit		
Edwards Lifesciences		✓			
Section 4. Intellectual Proper	ty Patents & Copyri <u>c</u>	yhts			
Do you have any patents, whether plans	ned, pending or issued, br	oadly relevant to the	work? ☐ Yes ✓ No		

Parke 2



Section 5. Relationships not severed above
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Dr. Parke reports grants from Fisher and Paykel Healthcare Ltd, New Zealand, non-financial support from Edwards Lifesciences, outside the submitted work; .

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Parke 3



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Other: Anything not covered under the previous three boxes

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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

Parker 1



Section 1.	Identifying Inform	nation		
1. Given Name (Fi	rst Name)	2. Surname (Last Name) Parker	3. Date 03-April-2020	
4. Are you the cor	responding author?	Yes ✓ No	Corresponding Author's Name Derek Angus	
5. Manuscript Title The Randomized rationale and de	l Embedded Multifacto	rial Adaptive Platform for (Community-acquired Pneumonia (REMAP CAP) study:	
6. Manuscript Ider White-202003-19	ntifying Number (if you kn 92SD.R1	now it)		
Section 2.	The Work Under Co	onsideration for Public	ation	
any aspect of the s statistical analysis,	ubmitted work (including	but not limited to grants, da	a third party (government, commercial, private foundation, etc.) for ta monitoring board, study design, manuscript preparation,	
Section 3.	Relevant financial	activities outside the s	ubmitted 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 Vo				
Section 4.				
Section 4.	Intellectual Proper	ty Patents & Copyrig	hts	
Do you have any	patents, whether plans	ned, pending or issued, br	oadly relevant to the work? Yes V No	

Parker 2



Section 5. Relationships not sovered above
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. Parker has nothing to disclose.

Evaluation and Feedback

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Parker 3



Instructions

The purpose of this form is to provide readers of your manuscript with information about your other interests that could influence how they receive and understand your work. The form is designed to be completed electronically and stored electronically. It contains programming that allows appropriate data display. Each author should submit a separate form and is responsible for the accuracy and completeness of the submitted information. The form is in six parts.

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

Rohde 1



Section 1. Identifying Information					
Given Name (First Name) Gernot	2. Surname (Last Name) Rohde		3. Date 03-April-2020		
4. Are you the corresponding author?	Yes ✓ No	Corresponding Author's Nar Derek Angus	me		
 Manuscript Title The Randomized Embedded Multifactori rationale and design 	The Randomized Embedded Multifactorial Adaptive Platform for Community-acquired Pneumonia (REMAP CAP) study:				
6. Manuscript Identifying Number (if you known White-202003-192SD.R1	ow it)				
Section 2. The Work Under Co	unidanski ur fau Dablia	****			
The work onder co	nsideration for Public		managerial muivata formulation at a) f = "	
Did you or your institution at any time receiv any aspect of the submitted work (including l statistical analysis, etc.)?) for	
Are there any relevant conflicts of interes	st? Yes Vo				
Section 3. Relevant financial a	ctivities outside the su	ibmitted work			
			lationaline (veneralle exact		
Place a check in the appropriate boxes in of compensation) with entities as describ	ed in the instructions. Use	e one line for each entity; a	add as many lines as you need l		
clicking the "Add +" box. You should repo Are there any relevant conflicts of interes		present during the 36 m	nonths prior to publication.		
If yes, please fill out the appropriate infor	rmation below.				
Name of Entity	Grant? Personal Non-	-Financial Other? Con	mments		
Pfizer, Boehringer Ingelheim, Solvay, GSK, Essex Pharma, MSD, Grifols, Chiesi, Vertex,			\$ 1-5K		
Berlin Chemie, Astra-Zeneca, Bayer, Roche, Insmed and Novartis for lectures including					
service on speakers bureaus outside the					
submitted work and/or consultancy during advisory board meeting and personal fees					
from GSK for travel accommodations/meeting expenses, outside the submitted work.					

Rohde 2



Continue A					
Section 4. Intellectual Property Patents & Copyrights					
Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes Vo					
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. Rohde reports personal fees from Pfizer, Boehringer Ingelheim, Solvay, GSK, Essex Pharma, MSD, Grifols, Chiesi,					
Vertex, Roche, Insmed and Novartis for lectures including service on speakers bureaus outside the submitted work and/ or consultancy during advisory board meeting and personal fees from GSK for travel accommodations/meeting expenses, outside the submitted work.					

Evaluation and Feedback

 $Please\ visit\ \underline{http://www.icmje.org/cgi-bin/feedback}\ to\ provide\ feedback\ on\ your\ experience\ with\ completing\ this\ form.$

Rohde 3



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

patent

1 Rowan



Section 1. Identifying Inform	ation			
1. Given Name (First Name) Kathryn	2. Surname (Last Name) Rowan		3. Date 03-April-2020	
4. Are you the corresponding author?	☐ Yes ✓ No	Corresponding Author	or's Name	
5. Manuscript Title The Randomized Embedded Multifactor rationale and design	rial Adaptive Platform for 0	Community-acquired	Pneumonia (REMAP CAP) study:	
6. Manuscript Identifying Number (if you kn White-202003-192SD.R1	ow it)	_		
Section 2. The Work Under Co	onsideration for Public	ation		
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 If yes, please fill out the appropriate information below. If you have more than one entity press the "ADD" button to add a row. Excess rows can be removed by pressing the "X" button.				
Name of Institution/Company	Grant	n-Financial Other?	Comments	
European Union, FP7-HEALTH-2013- NNOVATION-1	✓			
Section 3. Relevant financial	activities outside the s	ubmitted 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 V No				
Section 4. Intellectual Proper	ty Patents & Copyrig	ıhts		
Do you have any patents, whether plann	ned, pending or issued, br	oadly relevant to the	work? Yes 🗸 No	

Rowan 2



Section 5. Polationships not severed above
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):
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Section 6. Disclosure Statement
Disclosure Statement
Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.
Prof. Rowan reports grants from European Union, FP7-HEALTH-2013-INNOVATION-1, during the conduct of the study; .

Evaluation and Feedback

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Rowan 3



Instructions

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Turner 1



Section 1. Identifying Inform	nation			
1. Given Name (First Name) Anne	2. Surname (Last Name) Turner	3. Date 03-April-2020		
4. Are you the corresponding author?	☐ Yes ✓ No	Corresponding Author's Name Derek C. Angus		
5. Manuscript Title The Randomized Embedded Multifacto rationale and design	rial Adaptive Platform for (Community-acquired Pneumonia (REMAP CAP) study:		
6. Manuscript Identifying Number (if you kr White-202003-192SD.R1	now it)	_		
Section 2. The Work Under Co	onsideration for Public	cation		
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 s	ubmitted work.		
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Section 4. Intellectual Proper	rty Patents & Copyric	yhts		
Do you have any patents, whether plan	ned, pending or issued, br	oadly relevant to the work? ☐ Yes ✓ No		

Turner 2



Section 5. Relationships not covered above
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Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.
Anne Turner has nothing to disclose.

Evaluation and Feedback

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Turner 3



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

Van Bentum-Puijk 1



Section 1.	Identifying Inform	nation		
1. Given Name (Fi Wilma	rst Name)	2. Surname (Last Name) Van Bentum-Puijk	3. Date 03-April-2020	
4. Are you the cor	responding author?	Yes ✓ No Corresponding Author's Name Derek Angus		
5. Manuscript Title The Randomized rationale and de	l Embedded Multifacto	orial Adaptive Platform for (Community-acquired Pneumonia (REMAP CAP) study:	
6. Manuscript Ider White-202003-19	ntifying Number (if you kn 92SD.R1	now it)		
Continue 2				
Section 2.	The Work Under Co	onsideration for Public	ation	
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?				
Section 3.	Relevant financial	activities outside the s	ubmitted work.	
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,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
Section 4.	Intellectual Proper	rty Patents & Copyrig	hts	
Do you have any	patents, whether plan	ned, pending or issued, br	oadly relevant to the work? Yes V No	

Van Bentum-Puijk 2



Section 5. Relationships not sovered above
Relationships not covered above
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Section 6. Disclosure Statement
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Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.
Ms. Van Bentum-Puijk has nothing to disclose.

Evaluation and Feedback

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Van Bentum-Puijk 3



Instructions

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patent

Webb 1



Section 1.	Identifying Inform	ation			
1. Given Name (Fi Steven	rst Name)	2. Surname (Last Nam Webb	e)	3. Date 03-April-	-2020
4. Are you the corresponding author?		Yes ✓ No	Correspondir Derek C. An	ng Author's Name gus	
rationale and de	l Embedded Multifacto sign	·	for Community-a	cquired Pneumonia (RE	EMAP CAP) study:
6. Manuscript Idei White-202003-1	ntifying Number (if you kn 92SD.R1	now it)			
Section 2					
Section 2.	The Work Under Co	onsideration for Pu	blication		
any aspect of the s statistical analysis, Are there any rel If yes, please fill o	ubmitted work (including etc.)? evant conflicts of intere	but not limited to grantest? Yes Normation below. If you	s, data monitoring b	poard, study design, manu	private foundation, etc.) for uscript preparation, DD" button to add a row.
Name of Institut	, .		Non-Financial Support?	Other? Comments	
National Health and I	Medical Research Council	✓		to Monash Unive	ersity
Section 3.	Relevant financial	activities outside tl	ne submitted w	ork.	
of compensation clicking the "Add		bed in the instructions port relationships that	s. Use one line for were present du i	each entity; add as mai	s (regardless of amount ny lines as you need by ior to publication.
Section 4.	Intellectual Proper	ty Patents & Cop	yrights		
Do you have any	patents, whether plani	ned, pending or issued	d, broadly relevant	t to the work? Yes	✓ No

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Section 5. Polationships not severed above
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. Webb reports grants from National Health and Medical Research Council, during the conduct of the study; .

Evaluation and Feedback

Please visit http://www.icmje.org/cgi-bin/feedback to provide feedback on your experience with completing this form.

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Instructions

The purpose of this form is to provide readers of your manuscript with information about your other interests that could influence how they receive and understand your work. The form is designed to be completed electronically and stored electronically. It contains programming that allows appropriate data display. Each author should submit a separate form and is responsible for the accuracy and completeness of the submitted information. The form is in six parts.

Identifying information.

2. The work under consideration for publication.

This section asks for information about the work that you have submitted for publication. The time frame for this reporting is that of the work itself, from the initial conception and planning to the present. The requested information is about resources that you received, either directly or indirectly (via your institution), to enable you to complete the work. Checking "No" means that you did the work without receiving any financial support from any third party -- that is, the work was supported by funds from the same institution that pays your salary and that institution did not receive third-party funds with which to pay you. If you or your institution received funds from a third party to support the work, such as a government granting agency, charitable foundation or commercial sponsor, check "Yes".

3. Relevant financial activities outside the submitted work.

This section asks about your financial relationships with entities in the bio-medical arena that could be perceived to influence, or that give the appearance of potentially influencing, what you wrote in the submitted work. You should disclose interactions with ANY entity that could be considered broadly relevant to the work. For example, if your article is about testing an epidermal growth factor receptor (EGFR) antagonist in lung cancer, you should report all associations with entities pursuing diagnostic or therapeutic strategies in cancer in general, not just in the area of EGFR or lung cancer.

Report all sources of revenue paid (or promised to be paid) directly to you or your institution on your behalf over the 36 months prior to submission of the work. This should include all monies from sources with relevance to the submitted work, not just monies from the entity that sponsored the research. Please note that your interactions with the work's sponsor that are outside the submitted work should also be listed here. If there is any question, it is usually better to disclose a relationship than not to do so.

For grants you have received for work outside the submitted work, you should disclose support ONLY from entities that could be perceived to be affected financially by the published work, such as drug companies, or foundations supported by entities that could be perceived to have a financial stake in the outcome. Public funding sources, such as government agencies, charitable foundations or academic institutions, need not be disclosed. For example, if a government agency sponsored a study in which you have been involved and drugs were provided by a pharmaceutical company, you need only list the pharmaceutical company.

4. Intellectual Property.

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

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

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Section 1.	Identifying Inform	nation				
1. Given Name (First Name) Paul		2. Surname (Last Name) Young	3. Date 03-April-2020			
4. Are you the corresponding author?		Yes ✓ No	Corresponding Author's Name Derek C. Angus			
5. Manuscript Title The Randomized rationale and de	l Embedded Multifacto	rial Adaptive Platform for (Community-acquired Pneumonia (REMAP CAP) study:			
6. Manuscript Ider White-202003-19	ntifying Number (if you kn 92SD.R1	now it)				
			-			
Section 2.	The Work Under Co	onsideration for Public	cation			
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 s	ubmitted 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 Vo						
Section 4.						
Section 4.	Intellectual Proper	ty Patents & Copyric	hts			
Do you have any	patents, whether plant	ned, pending or issued, br	oadly relevant to the work? Yes V No			

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Section 5. Pol	
Rela	ationships not covered above
	nships or activities that readers could perceive to have influenced, or that give the appearance of , what you wrote in the submitted work?
Yes, the following r	relationships/conditions/circumstances are present (explain below):
✓ No other relationsh	nips/conditions/circumstances that present a potential conflict of interest
	ript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements may ask authors to disclose further information about reported relationships.
Section 6. Disc	losure Statement
Based on the above disbelow.	sclosures, this form will automatically generate a disclosure statement, which will appear in the box
Dr. Young has nothing	y to disclose.

Evaluation and Feedback

Please visit http://www.icmje.org/cgi-bin/feedback to provide feedback on your experience with completing this form.

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