

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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1. Identifying information.

2. The work under consideration for publication.

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4. Intellectual Property.

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

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Farah

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 Embedded Multifactorial Adaptive Platform for Community-acquired Pneumonia (REMAP CAP) study: rationale and design

6. Manuscript Identifying Number (if you know it)
White-202003-192SD.R1

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Dr. Al-Beidh has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
Yaseen

2. Surname (Last Name)
Arabi

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 Multifactorial Adaptive Platform for Community-acquired Pneumonia (REMAP CAP) study: rationale and design

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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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Section 1. Identifying Information

1. Given Name (First Name)
Scott

2. Surname (Last Name)
Berry

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 Multifactorial Adaptive Platform for Community-acquired Pneumonia (REMAP CAP) study: rationale and design

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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?	Other?	Comments
PREPARE (EU)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Statistical Design work
NHMRC (ANZ)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Statistical Design Work
CIHR (Canada)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Statistical Design Work

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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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1. Given Name (First Name)

Zahra

2. Surname (Last Name)

Bhimani

3. Date

03-April-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Derek Angus

5. Manuscript Title

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Dr. Bhimani has nothing to disclose.

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Marc

2. Surname (Last Name)
Bonten

3. Date
03-April-2020

4. Are you the corresponding author? Yes No

Corresponding Author's Name
Derek Angus

5. Manuscript Title
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Dr. Bonten has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Nicole	2. Surname (Last Name) Brillinger	3. Date 03-April-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Derek C. Angus
5. Manuscript Title The Randomized Embedded Multifactorial Adaptive Platform for Community-acquired Pneumonia (REMAP CAP) study: rationale and design		
6. Manuscript Identifying Number (if you know it) White-202003-192SD.R1		

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest? Yes No

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Section 4. Intellectual Property -- Patents & Copyrights

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Dr. Brillinger has nothing to disclose.

Evaluation and Feedback

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Kristine	2. Surname (Last Name) Broglio	3. Date 03-April-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Derek Angus
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Are there any relevant conflicts of interest? Yes No

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Ms. Broglio reports and 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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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Frank Martin

2. Surname (Last Name)
Brunkhorst

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 Multifactorial Adaptive Platform for Community-acquired Pneumonia (REMAP CAP) study: rationale and design

6. Manuscript Identifying Number (if you know it)
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Dr. Brunkhorst has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Allen

2. Surname (Last Name)
Cheng

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: rationale and design

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

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Dr. Cheng has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Jean-Daniel

2. Surname (Last Name)
Chiche

3. Date
03-April-2020

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Corresponding Author's Name
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Are there any relevant conflicts of interest? Yes No

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
GE Healthcare	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Aspen Pharma	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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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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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. 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 Author's Name
Derek Angus

5. Manuscript Title
The Randomized Embedded Multifactorial Adaptive Platform for Community-acquired Pneumonia (REMAP CAP) study: rationale and design

6. Manuscript Identifying Number (if you know it)
White-202003-192SD.R1

Section 2. The Work Under Consideration for Publication

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

Are there any relevant conflicts of interest? Yes No

Section 3. Relevant financial activities outside the submitted work.

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

Are there any relevant conflicts of interest? Yes No

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Vertex	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	IDSMB, fees paid to institution
Janssen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	IDSMB, fees paid to institution
Roche	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	SAB, fees paid to institution
Cidara Therapeutics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	SAB, fees paid to institution

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 4. Intellectual Property -- Patents & Copyrights

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

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Other: Anything not covered under the previous three boxes

Pending: The patent has been filed but not issued

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Lennie

2. Surname (Last Name)
Derde

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 Multifactorial Adaptive Platform for Community-acquired Pneumonia (REMAP CAP) study: rationale and design

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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?	Other?	Comments
UMC Utrecht	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	FP7-HEALTH-2013-INNOVATION-1, grant number 602525

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Dr. Derde reports grants from UMC Utrecht, during the conduct of the study; .

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Michelle	2. Surname (Last Name) Detry	3. Date 03-April-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Derek Angus
5. Manuscript Title The Randomized Embedded Multifactorial Adaptive Platform for Community-acquired Pneumonia (REMAP CAP) study: rationale and design		
6. Manuscript Identifying Number (if you know it) White-202003-192SD.R1		

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ICMJE Form for Disclosure of Potential Conflicts of Interest

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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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Dr. Detry reports and 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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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Herman

2. Surname (Last Name)
Goossens

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: rationale and design

6. Manuscript Identifying Number (if you know it)
White-202003-192SD.R1

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Dr. Goossens has nothing to disclose.

Evaluation and Feedback

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

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
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 Multifactorial Adaptive Platform for Community-acquired Pneumonia (REMAP CAP) study: rationale and design

6. Manuscript Identifying Number (if you know it)
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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?	Other?	Comments
NIHR Research Professorship	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	RP-2015-06-018
NIHR Imperial Biomedical Research Centre	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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GSK	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Consulting Fees paid to institution
Bristol-Myers Squibb	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Consulting Fees paid to institution

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Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Baxter Healthcare	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consulting Fees

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

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Dr. Gordon reports grants from NIHR Research Professorship, grants from NIHR Imperial Biomedical Research Centre, during the conduct of the study; other from GSK, other from Bristol-Myers Squibb, personal fees from Baxter Healthcare, outside the submitted work; .

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

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Cameron

2. Surname (Last Name)
Green

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 Multifactorial Adaptive Platform for Community-acquired Pneumonia (REMAP CAP) study: rationale and design

6. Manuscript Identifying Number (if you know it)
White-202003-192SD.R1

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Are there any relevant conflicts of interest? Yes No

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Are there any relevant conflicts of interest? Yes No

Section 4. Intellectual Property -- Patents & Copyrights

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

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Mr. Green has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. 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's Name
Derek Angus

5. Manuscript Title
The Randomized Embedded Multifactorial Adaptive Platform for Community-acquired Pneumonia (REMAP CAP) study: rationale and design

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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?	Other?	Comments
NHMRC, Australia	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
HRC, New Zealand	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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Are there any relevant conflicts of interest? Yes No

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Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Celgene	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	



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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; .

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1. Given Name (First Name)
Sebastiaan

2. Surname (Last Name)
Hullegie

3. Date
03-April-2020

4. Are you the corresponding author? Yes No
Corresponding Author's Name
Derek C. Angus

5. Manuscript Title
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Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
European Commission	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Grant agreement 602525

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Dr. Hullege reports grants from European Commission, during the conduct of the study; .

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Peter

2. Surname (Last Name)
KRUGER

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 Multifactorial Adaptive Platform for Community-acquired Pneumonia (REMAP CAP) study: rationale and design

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Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Smiths Medical Pty Ltd	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consulting work unrelated to this project

Section 4. Intellectual Property -- Patents & Copyrights

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

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Dr. KRUGER has nothing to disclose.

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Section 1. Identifying Information

1. 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

5. Manuscript Title
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Dr. Lamontagne has nothing to disclose.

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1. Given Name (First Name)
Roger

2. Surname (Last Name)
Lewis

3. Date
03-April-2020

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Corresponding Author's Name
Derek Angus, MD

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Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Berry Consultants, LLC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	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.

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

Are there any relevant conflicts of interest? Yes No

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 4. Intellectual Property -- Patents & Copyrights

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

Dr. Lewis is the Senior Medical Scientist at Berry Consultants, LLC, a statistical consulting firm that specializes in the design, implementation, oversight, and analysis of Bayesian adaptive and platform clinical trials.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Edward

2. Surname (Last Name)
Litton

3. Date
03-April-2020

4. Are you the corresponding author? Yes No

5. Manuscript Title
The Randomized Embedded Multifactorial Adaptive Platform for Community-acquired Pneumonia (REMAP CAP) study: rationale and design

6. Manuscript Identifying Number (if you know it)
White-202003-192SD.R1

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Are there any relevant conflicts of interest? Yes No

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Dr. Litton has nothing to disclose.

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

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
John

2. Surname (Last Name)
Marshall

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: rationale and design

6. Manuscript Identifying Number (if you know it)
White-202003-192SD.R1

Section 2. The Work Under Consideration for Publication

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

Are there any relevant conflicts of interest? Yes No

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?	Other?	Comments
Canadian Institutes of Health Research	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Peer-reviewed funding for REMAP-CAP

Section 3. Relevant financial activities outside the submitted work.

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Are there any relevant conflicts of interest? Yes No

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
AKPA Pharma	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DSMB Member
Adrenomed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Consultant
Baxter	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consultant

ICMJE Form for Disclosure of Potential Conflicts of Interest

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Critical Care Medicine	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Associate Editor
Critical Care	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Associate Editor

Section 4. Intellectual Property -- Patents & Copyrights

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

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Chair, International Forum for Acute Care Trialists
 Canadian PI, REMAP-CAP

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Dr. Marshall reports grants from Canadian Institutes of Health Research, during the conduct of the study; personal fees from AKPA Pharma, other from Adrenomed, personal fees from Baxter, personal fees from Critical Care Medicine, personal fees from Critical Care, outside the submitted work; and Chair, International Forum for Acute Care Trialists Canadian PI, REMAP-CAP.

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Section 1. Identifying Information

1. Given Name (First Name)
Colin

2. Surname (Last Name)
McArthur

3. Date
03-April-2020

4. Are you the corresponding author? Yes No
Corresponding Author's Name
Derek C. Angus

5. Manuscript Title
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Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Health Research Council of New Zealand	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Program grant

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

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Anna	2. Surname (Last Name) McGlothlin	3. Date 03-April-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Derek C. Angus
5. Manuscript Title The Randomized Embedded Multifactorial Adaptive Platform for Community-acquired Pneumonia (REMAP CAP) study: rationale and design		
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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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Shay

2. Surname (Last Name)
McGuinness

3. Date
03-April-2020

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Yes No

Corresponding Author's Name
Derek C. Angus

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White-202003-192SD.R1

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Are there any relevant conflicts of interest? Yes No

Section 4. Intellectual Property -- Patents & Copyrights

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

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 5. Relationships not covered above

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Section 6. Disclosure Statement

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Dr. McGuinness has nothing to disclose.

Evaluation and Feedback

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

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's Name
Derek C. Angus

5. Manuscript Title
The Randomized Embedded Multifactorial Adaptive Platform for Community-acquired Pneumonia (REMAP CAP) study: rationale and design

6. Manuscript Identifying Number (if you know it)
White-202003-192SD.R1

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Are there any relevant conflicts of interest? Yes No

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Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
European Union, FP7-HEALTH-2013-INNOVATION-1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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Mr. Mouncey reports grants from European Union, FP7-HEALTH-2013-INNOVATION-1, during the conduct of the study; .

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

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 Embedded Multifactorial Adaptive Platform for Community-acquired Pneumonia (REMAP CAP) study: rationale and design

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Dr. Murthy has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

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? 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: rationale and design

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Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
EU FP-7 Program	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	EU Funding for PREPARE / REMAPCap

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Dr. Nichol reports grants from EU FP-7 Program, from null, during the conduct of the study; .

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Genevieve	2. Surname (Last Name) O'Neill	3. Date 03-April-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Derek Angus
5. Manuscript Title The Randomized Embedded Multifactorial Adaptive Platform for Community-acquired Pneumonia (REMAP CAP) study: rationale and design		
6. Manuscript Identifying Number (if you know it) White-202003-192SD.R1		

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Ms. O'Neill has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Rachael	2. Surname (Last Name) Parke	3. Date 03-April-2020
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Derek Angus
5. Manuscript Title The Randomized Embedded Multifactorial Adaptive Platform for Community-acquired Pneumonia (REMAP CAP) study: rationale and design		
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Are there any relevant conflicts of interest? Yes No

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Are there any relevant conflicts of interest? Yes No

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Fisher and Paykel Healthcare Ltd, New Zealand	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Unrestricted grant to support research in the Cardiothoracic Intensive Care Unit
Edwards Lifesciences	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

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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; .

Evaluation and Feedback

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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1. Identifying information.

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4. Intellectual Property.

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

5. Relationships not covered above.

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

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Jane

2. Surname (Last Name)
Parker

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 Multifactorial Adaptive Platform for Community-acquired Pneumonia (REMAP CAP) study: rationale and design

6. Manuscript Identifying Number (if you know it)
White-202003-192SD.R1

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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

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Are there any relevant conflicts of interest? Yes No

Section 4. Intellectual Property -- Patents & Copyrights

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

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Section 6. Disclosure Statement

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Dr. Parker has nothing to disclose.

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Section 1. Identifying Information

1. 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 Name
Derek Angus

5. Manuscript Title
The Randomized Embedded Multifactorial Adaptive Platform for Community-acquired Pneumonia (REMAP CAP) study: rationale and design

6. Manuscript Identifying Number (if you know it)
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Are there any relevant conflicts of interest? Yes No

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Pfizer, Boehringer Ingelheim, Solvay, GSK, Essex Pharma, MSD, Grifols, Chiesi, Vertex, Berlin Chemie, Astra-Zeneca, Bayer, Roche, Insmid 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.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Each \$ 1-5K



ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 4. Intellectual Property -- Patents & Copyrights

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

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Dr. Rohde reports personal fees from Pfizer, Boehringer Ingelheim, Solvay, GSK, Essex Pharma, MSD, Grifols, Chiesi, Vertex, Roche, Insmad 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.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

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's Name
Derek C. Angus

5. Manuscript Title
The Randomized Embedded Multifactorial Adaptive Platform for Community-acquired Pneumonia (REMAP CAP) study: rationale and design

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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?	Other?	Comments
European Union, FP7-HEALTH-2013-INNOVATION-1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Section 3. Relevant financial activities outside the submitted work.

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Are there any relevant conflicts of interest? Yes No

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Prof. Rowan reports grants from European Union, FP7-HEALTH-2013-INNOVATION-1, during the conduct of the study; .

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Anne

2. Surname (Last Name)
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 Multifactorial Adaptive Platform for Community-acquired Pneumonia (REMAP CAP) study: rationale and design

6. Manuscript Identifying Number (if you know it)
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Anne Turner has nothing to disclose.

Evaluation and Feedback

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Wilma

2. Surname (Last Name)
Van Bentum-Puijk

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 Multifactorial Adaptive Platform for Community-acquired Pneumonia (REMAP CAP) study: rationale and design

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Are there any relevant conflicts of interest? Yes No

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Ms. Van Bentum-Puijk has nothing to disclose.

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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.

5. Relationships not covered above.

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

Definitions.

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

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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

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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

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Steven

2. Surname (Last Name)
Webb

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: rationale and design

6. Manuscript Identifying Number (if you know it)
White-202003-192SD.R1

Section 2. The Work Under Consideration for Publication

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

Are there any relevant conflicts of interest? Yes No

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?	Other?	Comments
National Health and Medical Research Council	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	to Monash University

Section 3. Relevant financial activities outside the submitted work.

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

Are there any relevant conflicts of interest? Yes No

Section 4. Intellectual Property -- Patents & Copyrights

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

ICMJE Form for Disclosure of Potential Conflicts of Interest

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. 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.

ICMJE Form for Disclosure of Potential Conflicts of Interest

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.

1. Identifying information.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

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
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Dr. Young has nothing to disclose.

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