ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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

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<table>
<thead>
<tr>
<th>1. Given Name (First Name)</th>
<th>Henrik Planck</th>
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<tr>
<td>2. Surname (Last Name)</td>
<td>Pedersen</td>
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<tr>
<td>3. Date</td>
<td>09-April-2020</td>
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<td>4. Are you the corresponding author?</td>
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Are there any relevant conflicts of interest? Yes No ✔

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Dr. Pedersen has nothing to disclose.

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## Section 1. Identifying Information

1. **Given Name (First Name)**
   - Thomas

2. **Surname (Last Name)**
   - Hildebrandt

3. **Date**
   - 10-April-2020

4. Are you the corresponding author? [ ] Yes [X] No

   Corresponding Author’s Name
   - Henning Bay Nielsen

5. **Manuscript Title**
   - ICU Treatment of COVID19 in Region Zealand, Denmark: Initial experiences with patients on ventilatory support

6. **Manuscript Identifying Number (if you know it)**

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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.)?

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Dr. Hildebrandt has nothing to disclose.

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**Section 1. Identifying Information**

1. **Given Name (First Name)**
   - Bülent

2. **Surname (Last Name)**
   - Uslu

3. **Date**
   - 10-April-2020

4. **Are you the corresponding author?**
   - Yes [ ] No [X]

   **Corresponding Author’s Name**
   - Henning Bay Nielsen

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Dr. Uslu has nothing to disclose.

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Knudsen
ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
Halfdan Holger

2. Surname (Last Name)  
Knudsen

3. Date  
07-April-2020

4. Are you the corresponding author?  
No

5. Manuscript Title  
ICU treatment of COVID19 in Region Zealand, Denmark: Initial experiences with patients in ventilator

6. Manuscript Identifying Number (if you know it)

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Dr. Knudsen has nothing to disclose.

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<tr>
<td>Jakob</td>
<td>Roed</td>
<td>08-April-2020</td>
</tr>
</tbody>
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4. Are you the corresponding author?  

- [X] Yes  
- [ ] No  

Corresponding Author’s Name  
Henning Bay Nielsen

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

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

Poulsen
### Section 1. Identifying Information

1. Given Name (First Name)  
   Troels Dirch

2. Surname (Last Name)  
   Poulsen

3. Date  
   10-April-2020

4. Are you the corresponding author?  
   [ ] Yes  
   ✔ No  
   Corresponding Author’s Name  
   Henning Bay Nielsen

5. Manuscript Title  
   ICU treatment of COVID19 in region Zealand, Denmark: Initial experiences with patients on ventilator

6. Manuscript Identifying Number (if you know it)

### 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.

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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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Poulsen
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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

Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Dr. Poulsen has nothing to disclose.

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.

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".

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
   Henning

2. Surname (Last Name)  
   Nielsen

3. Date  
   09-April-2020

4. Are you the corresponding author?  
   ✔ Yes  
   No

5. Manuscript Title  
   COVID19 in ICU in Region Zealand, Denmark: Initial experiences with patients on ventilatory support

6. Manuscript Identifying Number (if you know it)

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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)  Poulsen
3. Date  07-April-2020
4. Are you the corresponding author?  Yes  No

Corresponding Author’s Name  Henning Bay Nielsen

5. Manuscript Title
ICU treatment of COVID19 in Region Zealand, Denmark: Initial experiences with patients in ventilator

6. Manuscript Identifying Number (if you know it)

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