

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

AKOUMIANAKI 1



Section 1.	Identifying Inform	ation				
1. Given Name (Firs	t Name)	2. Surname (Last Nam AKOUMIANAKI	ne) 3. Date 17-January-2014			
4. Are you the corre	u the corresponding author? Yes V		Corresponding Author's Name			
5. Manuscript Title THE APPLICATION	I OF ESOPHAGEAL PRE	SSURE MEASUREMEN	NT IN PATIENTS WITH RESPIRATORY FAILURE			
6. Manuscript Ident 201312-2193CI.R1	sscript Identifying Number (if you know it) -2193CI.R1					
Section 2.	The Work Under Co	onsideration for Pu	ublication			
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 t	the submitted work.			
of compensation) clicking the "Add -	with entities as descri	bed in the instruction port relationships that	e whether you have financial relationships (regardless of amount ns. Use one line for each entity; add as many lines as you need by t were present during the 36 months prior to publication . No			
Section 4.	Intellectual Proper	ty Patents & Cop	pyrights			
Do you have any p	patents, whether planr	ned, pending or issue	ed, broadly relevant to the work? Yes V No			

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Section 6. Disclosure Statement
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Dr. AKOUMIANAKI has nothing to disclose.

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Bellani 1



Section 1. Identifying Inforn	nation	
Given Name (First Name) Giacomo	2. Surname (Last Name) Bellani	3. Date 17-January-2014
4. Are you the corresponding author?	☐ Yes ✓ No	Corresponding Author's Name
5. Manuscript Title		
6. Manuscript Identifying Number (if you k Blue-201312-2193CI.R1	now it)	
Section 2. The Work Under C	onsideration for Publi	cation
	g but not limited to grants, da	a a third party (government, commercial, private foundation, etc.) for ata monitoring board, study design, manuscript preparation,
Section 3. Relevant financial	activities outside the	submitted work.
of compensation) with entities as descr	ibed in the instructions. U port relationships that we	nether 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.
If yes, please fill out the appropriate inf		
Name of Entity	Grant'	or-Financial Other? Comments
Draeger Medical		
Chiesi Farmaceutica	✓	
Section 4. Intellectual Prope	rty Patents & Copyri	ghts
Do you have any patents, whether plan	ned, pending or issued, b	roadly relevant to the work? Yes V No

Bellani 2



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Dr. Bellani reports personal fees from Draeger Medical, grants from Chiesi Farmaceutica, outside the submitted work; .

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Brochard 1



Section 1.	Identifying Inform	ation						
1. Given Name (Fir Laurent	st Name)	2. Surname (Last Name) Brochard			3. Date 17-January-2014			
4. Are you the cor	responding author?	✓ Yes						
5. Manuscript Title THE APPLICATION OF ESOPHAGEAL PRESSURE MEASUREMENT IN PATIENTS WITH RESPIRATORY FAILURE								
· · · · · · · · · · · · · · · · · · ·	. Manuscript Identifying Number (if you know it) lue-201312-2193CI.R1							
Section 2								
Section 2.	The Work Under Co	onsiderat	ion for P	ublication				
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 1	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? Ves No If yes, please fill out the appropriate information below.								
Name of Entity		Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments		
Draeger		✓				Research on SmartCare		
Draeger			√			Research on SmartCare		
General Electric		✓				Research on lung volume measurement		
Covidien		✓				Research on PAV+		
/ygon		✓				Research on CPAP		

Brochard 2



Soutien A					
Section 4. Intellectual Property Patents & Copyrights					
Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes Volume					
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Dr. Brochard reports grants from Draeger, personal fees from Draeger, grants from General Electric, grants from Covidien, grants from Vygon, outside the submitted work; .					

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GATTINONI 1



Section 1.	Identifying Inform	ation					
1. Given Name (Fi	rst Name) 2. Surname (Last N GATTINONI				-2014		
4. Are you the cor	rresponding author?		Yes ✓ No Corresponding Author's N Laurent Brochard				
5. Manuscript Title THE APPLICATION OF ESOPHAGEAL PRESSURE MEASUREMENT IN PATIENTS WITH RESPIRATORY FAILURE							
6. Manuscript Ider Blue-201312-219	Identifying Number (if you know it) -2193CI.R1						
Section 2.	The Work Under Co	onsideratio	on for Public	cation			
any aspect of the s statistical analysis, Are there any rel	d you or your institution at any time receive payment or services from a third party (government, commercial, private foundation, etc.) for y aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, itistical analysis, etc.)? e there any relevant conflicts of interest? Yes No						
Section 3.	Relevant financial	activities o	outside the s	submitted work			
of compensation clicking the "Add Are there any rele	the appropriate boxes i) with entities as descri +" box. You should repe evant conflicts of intere out the appropriate info	bed in the ir port relations est?	nstructions. Us ships that wei	se one line for each	entity; add as many	lines as you need b	
Name of Entity		Grant	_	n-Financial Othe	Comments		
GRIFOLS, KCI, BBraun	, Baxter, Grifols, Kedrion		✓				
Section 4.	Intellectual Proper	ty Paten	ts & Copyri	yhts			
Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes Vo							

GATTINONI 2



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Dr. GATTINONI reports personal fees from GRIFOLS, KCI, BBraun, Baxter, Grifols, Kedrion, outside the submitted work; .

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Grasso 1



Section 1. Identifying Inform	nation						
Given Name (First Name) Salvatore	2. Surname (Last Name) Grasso	3. Date 21-January-2014					
4. Are you the corresponding author?	☐ Yes ✓ No	Corresponding Author's Name Brochard Laurent					
5. Manuscript Title THE APPLICATION OF ESOPHAGEAL PR	ESSURE MEASUREMENT IN	I PATIENTS WITH ACUTE RESPIRATORY FAILURE					
6. Manuscript Identifying Number (if you k Blue-201312-2193Cl.R1							
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Grasso 2



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Payment for lectu Germany)	ures including service on speakers bureaus (Maquet, Solna, Sweden; BellCo Mirandola Italy; Drager, Lubecca,						
	elopment of educational presentations (Maquet, Solna, Sweden)						
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Royalties: Funds are coming in to you or your institution due to your patent

1

CLAUDE



Section 1.	Identifying Inform	nation			
1. Given Name (Firs	st Name)	2. Surname (Last Name) CLAUDE		3. Date 16-January-2014	
4. Are you the corre	esponding author?	☐ Yes ✓ No	Corresponding Author's Nam	ne	
5. Manuscript Title THE APPLICATION	I OF ESOPHAGEAL PRE	ESSURE MEASUREMENT IN	I PATIENTS WITH RESPIRATO	RY FAILURE	
6. Manuscript Ident 201312-2193CI.R1	anuscript Identifying Number (if you know it) 112-2193CI.R1				
Section 2.	The Work Under Co	onsideration for Publi	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.		
of compensation) clicking the "Add	with entities as descri	bed in the instructions. Use port relationships that we		tionships (regardless of amount dd as many lines as you need by onths prior to publication.	
Section 4.	Intellectual Proper	ty Patents & Copyri	ghts		
Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes Vo					

CLAUDE 2



Section 5. Relationships not covered above
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CLAUDE 3



Instructions

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Maggiore 1



Section 1. Identifying Inform	nation	
Given Name (First Name) Salvatore Maurizio	2. Surname (Last Name) Maggiore	3. Date 18-January-2014
4. Are you the corresponding author?	Yes ✓ No	Corresponding Author's Name Laurent Brochard
5. Manuscript Title THE APPLICATION OF ESOPHAGEAL PRI	ESSURE MEASUREMENT IN	I PATIENTS WITH RESPIRATORY FAILURE
6. Manuscript Identifying Number (if you kr Blue-201312-2193CI.R1	now it)	
Section 2. The Work Under Co	onsideration for Public	cation
	but not limited to grants, da	a third party (government, commercial, private foundation, etc.) for ata monitoring board, study design, manuscript preparation,
Section 3. Relevant financial	activities outside the s	anda wataa ah ara wa
Place a check in the appropriate boxes i of compensation) with entities as descri	in the table to indicate wh ibed in the instructions. Us port relationships that wei	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	rty Patents & Copyri	ghts
Do you have any patents, whether plan	ned, pending or issued, br	roadly relevant to the work? Yes V No

Maggiore 2



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Yes, the following relationships/conditions/circumstances are present (explain below):
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Section 6. Disclosure Statement
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Maggiore 3



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Chiumello 1



Section 1. Identif	ying Informa	ation					
1. Given Name (First Name) Davide		2. Surname (Chiumello	(Last Name)			3. Date 21-January-2014	
4. Are you the corresponding	g author?	Yes	√ No	Correspo	nding Author's Na	me	
5. Manuscript Title The application of esophageal pressure measurement in patients with respiratory failure							
6. Manuscript Identifying Nu Blue 201312-2193CI.R1	ımber (if you kno	ow it)					
Section 2. The We	ork Under Co						
	work (including l	out not limited	d to grants, da			mmercial, private foundation, etc.esign, manuscript preparation,	.) for
Section 3. Releva	nt financial a	ctivities ou	utside the s	ubmitte	d work.		
of compensation) with ent	tities as describ ou should repo	ed in the ins ort relationsl	structions. Us hips that wer	e one line	for each entity;	lationships (regardless of amou add as many lines as you need nonths prior to publication.	
Section 4. Intelled	ctual Propert	y Patent	s & Copyrig	jhts			
Do you have any patents, If yes, please fill out the ap Excess rows can be remov	propriate infor	mation belo	w. If you hav	•		? ✓ Yes No ess the "ADD" button to add a r	ow.
Patent?	Pendin	g <mark>?</mark> Issued?	Licensed?	Royalties	Licensee?	Comments	
A61J1500		√	√		Nutrivent		

Chiumello 2



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Relationships not covered above
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Dr. Chiumello reports In addition, Dr. Chiumello has a patent A61J1500 licensed to Nutrivent.

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Jubran 1



Section 1. Identifying Infor	mation	
1. Given Name (First Name) Amal	2. Surname (Last Name) Jubran	3. Date 16-January-2014
4. Are you the corresponding author?	Yes Vo	Corresponding Author's Name Laurent Brochard
5. Manuscript Title THE APPLICATION OF ESOPHAGEAL PI	RESSURE MEASUREMENT IN	PATIENTS WITH RESPIRATORY FAILURE
6. Manuscript Identifying Number (if you l Blue-201312-2193CI.R1	know it)	
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Section 2. The Work Under (Consideration for Public	cation
	ng but not limited to grants, da	a third party (government, commercial, private foundation, etc.) for ita monitoring board, study design, manuscript preparation,
Section 3. Polosopt Granuic		
Place a check in the appropriate boxes of compensation) with entities as desc	ribed in the instructions. Us eport 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 pla	nned, pending or issued, br	roadly relevant to the work? Yes No

Jubran 2



Section 5. Relationships not covered above
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Loring 1



Section 1. Ident	ifying Information						
Given Name (First Name Stephen) 2. Surnan Loring	ne (Last Name)		3. Date 21-January-2014			
4. Are you the correspondi	ng author? Yes	✓ No	Corresponding Author's Nar	me			
5. Manuscript Title THE APPLICATION OF ES	5. Manuscript Title THE APPLICATION OF ESOPHAGEAL PRESSURE MEASUREMENT IN PATIENTS WITH RESPIRATORY FAILURE						
6. Manuscript Identifying N 201312-2193CI.R1	lumber (if you know it)						
Section 2. The W	ork Under Considerat	tion for Publica	ation				
	d work (including but not lim			mmercial, private foundation, etc.) for sign, manuscript preparation,			
Section 3. Releva	ant financial activities	outside the su	ubmitted work.				
of compensation) with e	ntities as described in the You should report relatio	instructions. Use	e one line for each entity; a	ationships (regardless of amount add as many lines as you need by nonths prior to publication.			
Section 4. Intelle	atual Duamantu - Data	nts 0 Commin	han .				
Intelle	ectual Property Pate	nts & Copyrigi	nts				
Do you have any patents	, whether planned, pendi	ng or issued, bro	adly relevant to the work?	Yes ✓ No			

Loring 2



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Dr. Loring has nothing to disclose.

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Mancebo 1



Section 1.	Identifying Inforr	mation					
1. Given Name (Fi Jordi	irst Name)	2. Surnar Mancebo	ne (Last Nam 0	e)		3. Date 16-January-2014	
4. Are you the co	responding author?	Yes	√ No	Correspond Laurent Bi	•	or's Name	
5. Manuscript Titl The application	e of esophageal pressur	e measuren	nent in patie	ents with respira	tory failu	re	
6. Manuscript Ide Blue-201312-21	ntifying Number (if you k 93CI.R1	now it)					
Cardian 2							
Section 2.	The Work Under C	Considerat	tion for Pu	blication			
any aspect of the s statistical analysis, Are there any re	submitted work (includin	g but not lim		s, data monitoring		ent, commercial, private foundation, etc.) foudy design, manuscript preparation,	ır
Section 3.	Relevant financial	activities	outside tl	ne submitted	work.		
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Name of Entity		Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments	
Covidien		✓				Research on PAV+	_
General Electric		\checkmark				Research on lung volumes	
Maquet				\checkmark		NAVA probes for research	
Airl Liquide			✓			Data monitoring safety board member	
aron			\checkmark			Steering committee member	
A-Lung			/			Steering committee member	

Mancebo 2



Section 4. Intellectual Property Patents & Copyrights
Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes Volume
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. Mancebo reports grants from Covidien, grants from General Electric, non-financial support from Maquet, personal fees from Airl Liquide, personal fees from Faron, personal fees from A-Lung, outside the submitted work; .

Evaluation and Feedback

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Mancebo 3



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Issued: The patent has been issued by the agency

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

Patroniti 1



Section 1. Identifying In	formation	
1. Given Name (First Name) Nicolò	2. Surname (Last Name) Patroniti	3. Date 18-January-2014
4. Are you the corresponding author?	? Yes ✓ No	Corresponding Author's Name Laurent Brochard
5. Manuscript Title THE APPLICATION OF ESOPHAGE	AL PRESSURE MEASUREMENT IN	PATIENTS WITH RESPIRATORY FAILURE
6. Manuscript Identifying Number (if Blue-201312-2193CI.R1	you know it)	
Section 2. The Work Und	ler Consideration for Public	ation
	luding 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 final	ncial activities outside the s	ubmitted work.
of compensation) with entities as	described in the instructions. Us ald report 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 Bu		
Intellectual Pr	operty Patents & Copyrig	hts
Do you have any patents, whether	planned, pending or issued, br	oadly relevant to the work? Yes V No

Patroniti 2



Section 5.	eletionalino net consued alsons					
Re	elationships not covered above					
	ionships 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 following	Yes, the following relationships/conditions/circumstances are present (explain below):					
✓ No other relation	nships/conditions/circumstances that present a potential conflict of interest					
	script acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements s may ask authors to disclose further information about reported relationships.					
Section 6. Di	sclosure Statement					
Based on the above below.	disclosures, this form will automatically generate a disclosure statement, which will appear in the box					
Dr. Patroniti has not	hing to disclose.					

Evaluation and Feedback

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Patroniti 3



Instructions

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Pelosi 1



Section 1. Identifying Inform	nation		
1. Given Name (First Name) Paolo	2. Surname (Last Name) Pelosi		3. Date 16-January-2014
4. Are you the corresponding author?	Yes ✓ No	Corresponding Author's Nar	me
5. Manuscript Title THE APPLICATION OF ESOPHAGEAL PRI	ESSURE MEASUREMENT IN	PATIENTS WITH RESPIRATO	DRY FAILURE
6. Manuscript Identifying Number (if you kr 201312-2193CI.R1	now it)		
Section 2. The Work Under Co	onsideration for Public	cation	
Did you or your institution at any time rece any aspect of the submitted work (including statistical analysis, etc.)? Are there any relevant conflicts of intere	but not limited to grants, da		
Section 3. Relevant financial	activities outside the s	submitted work.	
Place a check in the appropriate boxes in the appropriate boxes of compensation) with entities as describle clicking the "Add +" box. You should replace there any relevant conflicts of interest.	ibed in the instructions. Us port relationships that wer	se one line for each entity; a	dd as many lines as you need by
Section 4. Intellectual Property			
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

Pelosi 2



Section 5. Relationships not covered above
Relationships not covered above
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Section 6
Section 6. Disclosure Statement
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Pesenti 1



Section 1.	dentifying Inform	ation					
1. Given Name (First l Antonio	Name)	2. Surname (Last Nam Pesenti	ne)		3. Date		
4. Are you the corresp	oonding author?	Yes ✓ No	Correspond Laurent B	ding Author's Na rochard	me		
5. Manuscript Title The application of e	esophageal pressure	measurement in pati	ents with respira	itory failure			
6. Manuscript Identify Blue-201312-21930	ying Number (if you kno II.R1	ow it)					
c :: 0							
Section 2.	he Work Under Co	onsideration for Pu	ıblication				
any aspect of the subs statistical analysis, etc	mitted work (including	ve payment or services to but not limited to grant st? Yes					c.) for
Section 3. R	elevant financial a	activities outside t	he submitted	work.			
of compensation) w clicking the "Add +" Are there any releva	rith entities as describ		s. Use one line fo	or each entity;	add as many lines	s as you need	
Name of Entity		Grant? Personal Fees?	Non-Financial Support?	Other? Co	mments		
MAQUET							
NOVALUNG							
GAMBRO							
DRAEGER							

Pesenti 2



Soutien A					
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?					
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Section 6. Disclosure Statement					
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Dr. Pesenti reports personal fees from MAQUET, personal fees from NOVALUNG, personal fees from GAMBRO, grants from DRAEGER, outside the submitted work; .					

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NAVA 1



Section 1.	Identifying Inforn	nation	
1. Given Name (Fi	rst Name)	2. Surname (Last Name NAVA	3. Date 20-January-2014
4. Are you the cor	responding author?	☐ Yes ✓ No	Corresponding Author's Name
5. Manuscript Title	2		
Blue-201312-219	ntifying Number (if you ki 93CI.R1	now it)	
Section 2.	The Work Under C	onsideration for Pul	olication
any aspect of the s statistical analysis,	ubmitted work (including	g but not limited to grants	om a third party (government, commercial, private foundation, etc.) for to, data monitoring board, study design, manuscript preparation,
Section 3.	Relevant financial	activities outside th	e submitted work.
of compensation clicking the "Add	the appropriate boxes) with entities as descr	in the table to indicate vibed in the instructions port relationships that v	whether you have financial relationships (regardless of amount . Use one line for each entity; add as many lines as you need by were present during the 36 months prior to publication .
Section 4.	Intellectual Prope	rty Patents & Copy	yrights
Do you have any			, broadly relevant to the work? Yes V No

NAVA 2



Section 5.	
occuron or	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	tionships/conditions/circumstances that present a potential conflict of interest
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Section 6.	
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. NAVA has no	othing to disclose.

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Ranieri 1



Section 1.	Identifying Inform	nation		
1. Given Name (Fi V. Marco	rst Name)	2. Surname (Last Name) Ranieri	3. D 17-J	oate January-2014
4. Are you the cor	responding author?	☐ Yes ✓ No	Corresponding Author's Name Laurent Brochard	
5. Manuscript Title THE APPLICATIO		ESSURE MEASUREMENT IN	PATIENTS WITH RESPIRATORY F	AILURE
6. Manuscript Idei Blue-201312-21	ntifying Number (if you kr 93CI.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, commer ta monitoring board, study design,	
Section 3.	Relevant financial	activities outside the s	ubmitted work.	
of compensation clicking the "Add) with entities as descri	ibed in the instructions. Us port relationships that wer	ether you have financial relation e one line for each entity; add a: e present during the 36 montl	s many lines as you need by
Section 4.	Intellectual Proper	rty Patents & Copyrig	ihte	
	intenectual Proper	rty Patents & Copyrig	ints —	
Do you have any	patents, whether plan	ned, pending or issued, br	oadly relevant to the work?	Yes ✓ No

Ranieri 2



Section 5. Relationships not covered above
Relationships not covered above
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4. Intellectual Property.

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

Relationships not covered above.

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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

Talmor 1



Section 1. Identifying Inform	mation	
1. Given Name (First Name) Daniel	2. Surname (Last Name) Talmor	3. Date 16-January-2014
4. Are you the corresponding author?	☐ Yes ✓ No	Corresponding Author's Name Brochard
5. Manuscript Title THE APPLICATION OF ESOPHAGEAL PI	RESSURE MEASUREMENT IN	PATIENTS WITH RESPIRATORY FAILURE
6. Manuscript Identifying Number (if you l Blue-201312-2193CI.R1	know it)	
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Section 2. The Work Under 0	Consideration for Public	cation
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Section 3. Relevant financia	l activities outside the s	submitted work.
of compensation) with entities as desc	ribed in the instructions. Us eport 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 Prope	erty Patents & Copyric	yhts
Do you have any patents, whether pla	nned, pending or issued, br	oadly relevant to the work? Yes V No

Talmor 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?	
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 states. On occasion, journals may ask authors to disclose further information about reported relationships.	ments.
Section 6. Disclosure Statement	
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Dr. Talmor has nothing to disclose.	

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Talmor 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.

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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Terragni 1



Section 1.	Identifying Inform	ation	
1. Given Name (Fii Pierpaolo	rst Name)	2. Surname (Last Name) Terragni	3. Date 17-January-2014
4. Are you the cor	responding author?	Yes ✓ No	Corresponding Author's Name Laurent Brochard
5. Manuscript Title THE APPLICATIO		ESSURE MEASUREMENT IN	PATIENTS WITH RESPIRATORY FAILURE
6. Manuscript Ider Blue-201312-219	ntifying Number (if you kr 93CI.R1	now it)	
Section 2.	The Work Under Co	onsideration for Public	cation
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Do you have any	patents, whether plan	ned, pending or issued, br	oadly relevant to the work? Yes V No

Terragni 2



Section 5. Relationships not covered above
Relationships not covered above
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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. Terragni has nothing to disclose.

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Terragni 3



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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

Tobin 1



Section 1.	Identifying Inform	ation			
Given Name (Firs Martin	st Name)	2. Surname (Last Name) Tobin	3. Date 21-January-2014		
4. Are you the corre	esponding author?	Yes ✓ No	Corresponding Author's Name Laurent Brochard		
5. Manuscript Title THE APPLICATION	N OF ESOPHAGEAL PRE	ESSURE MEASUREMENT IN	PATIENTS WITH RESPIRATORY FAILURE		
6. Manuscript Ident Blue-201312-2193	tifying Number (if you kn 3Cl.R1	ow it)			
Section 2.	The Work Under Co	onsideration for Public	ation		
any aspect of the su statistical analysis, e	bmitted 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					
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Do you have any բ	patents, whether plani	ned, pending or issued, br	oadly relevant to the work? ☐ Yes ✓ No		

Tobin 2



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	elationships or activities that readers could perceive to have influenced, or that give the appearance of ncing, what you wrote in the submitted work?
✓ Yes, the follow	ving relationships/conditions/circumstances are present (explain below):
No other relat	tionships/conditions/circumstances that present a potential conflict of interest
royalty for two bo	ooks on critical care published by McGraw-Hill
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Dr. Tobin reports	he receives royalty for two books on critical care published by McGraw-Hill.

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Tobin 3



Section 1. Identifying Infor	mation	
1. Given Name (First Name)	2. Surname (Last Name)	3. Date 20/01/2014
4. Are you the corresponding author?	Yes V No	na sa
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