ICMJE Form for Disclosure of Potential Conflicts of Interest

**Instructions**

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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.**

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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) Marcus
2. Surname (Last Name) Friedrich
3. Date 20-March-2017

4. Are you the corresponding author? Yes ☑ No

5. Manuscript Title
   Time to Treatment and Mortality during Mandated Emergency Care for Sepsis

6. Manuscript Identifying Number (if you know it)
   17-03058

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

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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

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

Dr. Friedrich has nothing to disclose.

Evaluation and Feedback

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### Section 1. Identifying Information

1. Given Name (First Name)  
   Foster

2. Surname (Last Name)  
   Gesten

3. Date  
   04-April-2017

4. Are you the corresponding author?  
   Yes  
   ✔  No

5. Manuscript Title  
   Time to Treatment and Mortality during Mandated Emergency Care for Sepsis

6. Manuscript Identifying Number (if you know it)  
   17-03058.R1

### Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest?  
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Dr. Gesten 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) Theodore
2. Surname (Last Name) Iwashyna
3. Date 05-April-2017
4. Are you the corresponding author? [ ] Yes [✓] No
   Corresponding Author’s Name Christopher Seymour
5. Manuscript Title
   Time to Treatment and Mortality during Mandated Emergency Care for Sepsis
6. Manuscript Identifying Number (if you know it)
   17-03058

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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.

<table>
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<td>National Institutes of Health / Veterans Affairs’ Health Services Research and Development Investigator Initiated Research</td>
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<td>[ ] Non-Financial Support</td>
<td>[ ] Other</td>
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</tr>
</tbody>
</table>

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Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? [ ] Yes [✓] No
Dr. Iwashyna reports grants from the National Institutes of Health / Veterans Affairs’ Health Services Research and Development Investigator Initiated Research, during the conduct of the study.
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## Section 1. Identifying Information

1. Given Name (First Name)  
   Stanley  

2. Surname (Last Name)  
   Lemeshow  

3. Date  
   25-March-2017  

4. Are you the corresponding author?  
   ☑ No  
   Corresponding Author’s Name  
   Christopher Seymour  

5. Manuscript Title  
   Time to Treatment and Mortality during Mandated Emergency Care for Sepsis  

6. Manuscript Identifying Number (if you know it)  
   17-03058

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Dr. Lemeshow has nothing to disclose.

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1. Given Name (First Name)  
   Mitchell

2. Surname (Last Name)  
   Levy

3. Date  
   04-April-2017

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   Christopher Seymour

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Dr. Levy reports grants and personal fees from ImmuneExpress outside the submitted work.

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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)  Tiffany
2. Surname (Last Name)  Osborn
3. Date  13-April-2017
4. Are you the corresponding author?  Yes  No
   Corresponding Author’s Name
   Christopher W. Seymour
5. Manuscript Title
   Time to Treatment and Mortality during Mandated Emergency Care for Sepsis
6. Manuscript Identifying Number (if you know it)
   17-03058

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.

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<td>❑</td>
<td>Travel</td>
</tr>
</tbody>
</table>
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 ☐

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.

<table>
<thead>
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<td></td>
<td></td>
<td></td>
<td></td>
<td>Process (utility) patent on compliance software development. This is a provisional patent application. A non-provisional application has yet to be filed.</td>
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</table>

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

Content expert and advisor for the American College of Emergency Physicians national quality network - Clinical Emergency Data Registry (CEDR), Emergency Quality Network (EQUAL).

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ICMJE Form for Disclosure of Potential Conflicts of Interest

**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. Osborn reports grants from Barnes Jewish Hospital Foundation, personal fees and non-financial support from Cheetah Medical, personal fees from McGraw Hill, non-financial support from Lynteck, outside the submitted work; In addition, Dr. Osborn has a patent 62466897 pending and Content expert and advisor for the American College of Emergency Physicians national quality network - Clinical Emergency Data Registry (CEDR), Emergency Quality Network (EQUAL).

**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)  
   Gary

2. Surname (Last Name)  
   Phillips

3. Date  
   27-March-2017

4. Are you the corresponding author?  
   Yes  ✔  No

   Corresponding Author’s Name  
   Christopher Seymour

5. Manuscript Title  
   Time to Treatment and Mortality during Mandated Emergency Care for Sepsis

6. Manuscript Identifying Number (if you know it)  
   17-03058

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.

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<thead>
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<td></td>
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</table>

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
ICMJE Form for Disclosure of Potential Conflicts of Interest

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Section 6. Disclosure Statement

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Mr. Phillips reports personal fees from IPRO during the conduct of the study.

Evaluation and Feedback

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

Prescott
ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
   Hallie

2. Surname (Last Name)  
   Prescott

3. Date  
   05-April-2017

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

   Corresponding Author’s Name  
   Christopher Seymour

5. Manuscript Title  
   Time to Treatment and Mortality during Mandated Emergency Care for Sepsis

6. Manuscript Identifying Number (if you know it)  
   17-03058

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

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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 [✔]

Prescott
ICMJE Form for Disclosure of Potential Conflicts of Interest

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Dr. Prescott reports grants from the National Institutes of Health during the conduct of the study.

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

Seymour
ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
   Christopher

2. Surname (Last Name)  
   Seymour

3. Date  
   03-April-2017

4. Are you the corresponding author?  
   ✔ Yes    □ No

5. Manuscript Title  
   Time to Treatment and Mortality during Mandated Emergency Care for Sepsis

6. Manuscript Identifying Number (if you know it)  
   17-03058

### 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.

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<td>□</td>
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<th>Other?</th>
<th>Comments</th>
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<td>✔</td>
<td>□</td>
<td>□</td>
<td>For consulting on sepsis biomarkers</td>
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<tr>
<td>Edwards Lifesciences</td>
<td>□</td>
<td>✔</td>
<td>□</td>
<td>□</td>
<td>For participation on an advisory board</td>
</tr>
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**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**

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  Kathleen
2. Surname (Last Name)  Terry
3. Date  04-April-2017
4. Are you the corresponding author?  [ ] Yes  [ ] No
   Corresponding Author’s Name  Christopher Seymour
5. Manuscript Title
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   17-03058

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.)?

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Dr. Terry has nothing to disclose.

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