

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.

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4. Intellectual Property.

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

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

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

Rui

2. Surname (Last Name)

Shi

3. Date

19-March-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Jean-Louis Teboul

5. Manuscript Title

Vasopressors in septic shock: which, when, and how much?

6. Manuscript Identifying Number (if you know it)

ATM-2019-HDM-11(ATM-19-4684)

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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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. Shi 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)
Olfa

2. Surname (Last Name)
Hamzaoui

3. Date
19-March-2020

4. Are you the corresponding author? Yes No
Corresponding Author's Name
Jean-Louis Teboul

5. Manuscript Title
Vasopressors in septic shock: which, when, and how much?

6. Manuscript Identifying Number (if you know it)
ATM-2019-HDM-11(ATM-19-4684)

Section 2. The Work Under Consideration for Publication

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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

If yes, please fill out the appropriate information below.

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

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. Hamzaoui reports personal fees from Cheetah Medical, outside the submitted work; .

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Section 1. Identifying Information

1. Given Name (First Name)

Nello

2. Surname (Last Name)

De Vita

3. Date

19-March-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Jean-Louis Teboul

5. Manuscript Title

Vasopressors in septic shock: which, when, and how much?

6. Manuscript Identifying Number (if you know it)

ATM-2019-HDM-11(ATM-19-4684)

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Dr. De Vita has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Xavier	2. Surname (Last Name) Monnet	3. Date 19-March-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Jean-Louis Teboul
5. Manuscript Title Vasopressors in septic shock: which, when, and how much?		
6. Manuscript Identifying Number (if you know it) ATM-2019-HDM-11(ATM-19-4684)		

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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
Getinge/Pulsion	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	member of the medical advisory board
Cheetah Medical	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	lectures fees

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. Monnet reports personal fees from Getinge/Pulsion, personal fees from Cheetah Medical, outside the submitted work; .

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Jean-Louis

2. Surname (Last Name)
Teboul

3. Date
19-March-2020

4. Are you the corresponding author? Yes No

5. Manuscript Title
Vasopressors in septic shock: which, when, and how much?

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Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Getinge/Pulsion	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	member of the medical advisory board

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. Teboul reports personal fees from Getinge/Pulsion, outside the submitted work; .

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