

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.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Kevin	2. Surname (Last Name) Ma	3. Date 15-April-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Augustine MK Choi
5. Manuscript Title Circulating RIPK3 Levels are Associated with Mortality and Organ Failure During Critical Illness		
6. Manuscript Identifying Number (if you know it) 99692-INS-CMED-1		

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Dr. Ma has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
Edward

2. Surname (Last Name)
Schenck

3. Date
13-April-2018

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Augustine MK Choi

5. Manuscript Title
Circulating RIPK3 Levels are Associated with Mortality and Organ Failure During Critical Illness

6. Manuscript Identifying Number (if you know it)
99692-INS-CMED-1

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Section 1. Identifying Information

1. Given Name (First Name) Ilias	2. Surname (Last Name) Siempos	3. Date 15-April-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Augustine MK Choi
5. Manuscript Title Circulating RIPK3 Levels are Associated with Mortality and Organ Failure During Critical Illness		
6. Manuscript Identifying Number (if you know it) 99692-INS-CMED-1		

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Section 1. Identifying Information

1. Given Name (First Name)
Suzanne

2. Surname (Last Name)
Cloonan

3. Date
16-April-2018

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Augustine MK Choi

5. Manuscript Title
Circulating RIPK3 Levels are Associated with Mortality and Organ Failure During Critical Illness

6. Manuscript Identifying Number (if you know it)
99692-INS-CMED-1

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1. Given Name (First Name) Eli	2. Surname (Last Name) Finkelsztein	3. Date 17-April-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Augustine MK Choi
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Section 1. Identifying Information

1. Given Name (First Name) Maria	2. Surname (Last Name) Pabon	3. Date 14-April-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Augustine MK Choi
5. Manuscript Title Circulating RIPK3 Levels are Associated with Mortality and Organ Failure During Critical Illness		
6. Manuscript Identifying Number (if you know it) 99692-INS-CMED-1		

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

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. Pabon 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) Clara	2. Surname (Last Name) Oromendia	3. Date 16-April-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Augustine MK Choi
5. Manuscript Title Circulating RIPK3 Levels are Associated with Mortality and Organ Failure During Critical Illness		
6. Manuscript Identifying Number (if you know it) 99692-INS-CMED-1		

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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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Dr. Oromendia 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)
Karla

2. Surname (Last Name)
Ballman

3. Date
13-April-2018

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Augustine MK Choi

5. Manuscript Title
Circulating RIPK3 Levels are Associated with Mortality and Organ Failure During Critical Illness

6. Manuscript Identifying Number (if you know it)
99692-INS-CMED-1

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

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Dr. Ballman 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)
Rebecca

2. Surname (Last Name)
Baron

3. Date
18-April-2018

4. Are you the corresponding author? Yes No

Corresponding Author's Name
Augustine MK Choi

5. Manuscript Title
Circulating RIPK3 Levels are Associated with Mortality and Organ Failure During Critical Illness

6. Manuscript Identifying Number (if you know it)
99692-INS-CMED-1

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

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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Dr. Baron 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)
Laura

2. Surname (Last Name)
Fredenburgh

3. Date
15-April-2018

4. Are you the corresponding author? Yes No
Corresponding Author's Name
Augustine MK Choi

5. Manuscript Title
Circulating RIPK3 Levels are Associated with Mortality and Organ Failure During Critical Illness

6. Manuscript Identifying Number (if you know it)
99692-INS-CMED-1

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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
NHLBI	<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

If yes, please fill out the appropriate information below.

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

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 4. Intellectual Property -- Patents & Copyrights

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Dr. Fredenburgh reports grants from NHLBI, during the conduct of the study; other from AKPA, 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)
Angelica

2. Surname (Last Name)
Higuera

3. Date
16-April-2018

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Augustine MK Choi

5. Manuscript Title
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Dr. Higuera 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)

JIN YOUNG

2. Surname (Last Name)

LEE

3. Date

17-April-2018

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Augustine MK Choi

5. Manuscript Title

Circulating RIPK3 Levels are Associated with Mortality and Organ Failure During Critical Illness

6. Manuscript Identifying Number (if you know it)

99692-INS-CMED-1

Section 2. The Work Under Consideration for Publication

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Jin Young Lee has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Chi Ryang	2. Surname (Last Name) Chung	3. Date 17-April-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Augustine MK Choi
5. Manuscript Title Circulating RIPK3 Levels are Associated with Mortality and Organ Failure During Critical Illness		
6. Manuscript Identifying Number (if you know it) 99692-INS-CMED-1		

Section 2. The Work Under Consideration for Publication

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Section 1. Identifying Information

1. Given Name (First Name)
Kyeongman

2. Surname (Last Name)
Jeon

3. Date

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Augustine MK Choi

5. Manuscript Title
Circulating RIPK3 Levels are Associated with Mortality and Organ Failure During Critical Illness

6. Manuscript Identifying Number (if you know it)
99692-INS-CMED-1

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Dr. Jeon has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
Jeong Hoon

2. Surname (Last Name)
Yang

3. Date
16-April-2018

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Augustine MK Choi

5. Manuscript Title
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6. Manuscript Identifying Number (if you know it)
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Judie

2. Surname (Last Name)
Howrylak

3. Date
16-April-2018

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Yes No

Corresponding Author's Name
Augustine MK Choi

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Section 1. Identifying Information

1. Given Name (First Name)

JIN WON

2. Surname (Last Name)

HUH

3. Date

16-April-2018

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Augustine MK Choi

5. Manuscript Title

Circulating RIPK3 Levels are Associated with Mortality and Organ Failure During Critical Illness

6. Manuscript Identifying Number (if you know it)

99692-INS-CMED-1

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

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. HUH has nothing to disclose.

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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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Definitions.

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

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Personal Fees: Monies paid to you for services rendered, generally honoraria, royalties, or fees for consulting, lectures, speakers bureaus, expert testimony, employment, or other affiliations

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



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1. Given Name (First Name)
Gee Young

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Suh

3. Date
17-April-2018

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Augustine MK Choi

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1. Given Name (First Name)
Augustine

2. Surname (Last Name)
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3. Date
15-April-2018

4. Are you the corresponding author? Yes No

5. Manuscript Title
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STROBE Statement—Checklist of items that should be included in reports of *cross-sectional studies*

	Item No	Recommendation
Title and abstract	1x	(a) Indicate the study's design with a commonly used term in the title or the abstract (b) Provide in the abstract an informative and balanced summary of what was done and what was found
Introduction		
Background/rationale	2x	Explain the scientific background and rationale for the investigation being reported
Objectives	3x	State specific objectives, including any prespecified hypotheses
Methods		
Study design	4x	Present key elements of study design early in the paper
Setting	5x	Describe the setting, locations, and relevant dates, including periods of recruitment, exposure, follow-up, and data collection
Participants	6x	(a) Give the eligibility criteria, and the sources and methods of selection of participants
Variables	7x	Clearly define all outcomes, exposures, predictors, potential confounders, and effect modifiers. Give diagnostic criteria, if applicable
Data sources/ measurement	8*x	For each variable of interest, give sources of data and details of methods of assessment (measurement). Describe comparability of assessment methods if there is more than one group
Bias	9x	Describe any efforts to address potential sources of bias
Study size	10x	Explain how the study size was arrived at
Quantitative variables	11x	Explain how quantitative variables were handled in the analyses. If applicable, describe which groupings were chosen and why
Statistical methods	12x	(a) Describe all statistical methods, including those used to control for confounding (b) Describe any methods used to examine subgroups and interactions (c) Explain how missing data were addressed (d) If applicable, describe analytical methods taking account of sampling strategy (e) Describe any sensitivity analyses
Results		
Participants	13*x	(a) Report numbers of individuals at each stage of study—eg numbers potentially eligible, examined for eligibility, confirmed eligible, included in the study, completing follow-up, and analysed (b) Give reasons for non-participation at each stage (c) Consider use of a flow diagram
Descriptive data	14x*	(a) Give characteristics of study participants (eg demographic, clinical, social) and information on exposures and potential confounders (b) Indicate number of participants with missing data for each variable of interest
Outcome data	15*x	Report numbers of outcome events or summary measures
Main results	16x	(a) Give unadjusted estimates and, if applicable, confounder-adjusted estimates and their precision (eg, 95% confidence interval). Make clear which confounders were adjusted for and why they were included (b) Report category boundaries when continuous variables were categorized (c) If relevant, consider translating estimates of relative risk into absolute risk for a meaningful time period
Other analyses	17x	Report other analyses done—eg analyses of subgroups and interactions, and sensitivity analyses

Discussion		
Key results	18x	Summarise key results with reference to study objectives
Limitations	19x	Discuss limitations of the study, taking into account sources of potential bias or imprecision. Discuss both direction and magnitude of any potential bias
Interpretation	20x	Give a cautious overall interpretation of results considering objectives, limitations, multiplicity of analyses, results from similar studies, and other relevant evidence
Generalisability	21x	Discuss the generalisability (external validity) of the study results
Other information		
Funding	22x	Give the source of funding and the role of the funders for the present study and, if applicable, for the original study on which the present article is based

*Give information separately for exposed and unexposed groups.

Note: An Explanation and Elaboration article discusses each checklist item and gives methodological background and published examples of transparent reporting. The STROBE checklist is best used in conjunction with this article (freely available on the Web sites of PLoS Medicine at <http://www.plosmedicine.org/>, Annals of Internal Medicine at <http://www.annals.org/>, and Epidemiology at <http://www.epidem.com/>). Information on the STROBE Initiative is available at www.strobe-statement.org.