ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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# ICMJE Form for Disclosure of Potential Conflicts of Interest

## Section 1. Identifying Information

1. Given Name (First Name)  
   Bram

2. Surname (Last Name)  
   Rochweg

3. Date  
   05-April-2021

4. Are you the corresponding author?  
   [ ] Yes  
   [ ] No  
   Corresponding Author's Name  
   Shannon M. Fernando

5. Manuscript Title  
   Suicide and self-harm in adult survivors of critical illness: population based cohort study

6. Manuscript Identifying Number (if you know it)  
   BMJ-2021-064842

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   [ ] No

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Dr. Rochweg has nothing to disclose.

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   Deborah

2. **Surname (Last Name)**
   Cook

3. **Date**
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4. **Are you the corresponding author?**
   - Yes
   - No
   **Corresponding Author’s Name**
   Shannon M. Fernando

5. **Manuscript Title**
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Section 1. Identifying Information

1. Given Name (First Name)  
   Shannon

2. Surname (Last Name)  
   Fernando

3. Date  
   05-April-2021

4. Are you the corresponding author?  
   ☑ Yes  ☐ No

5. Manuscript Title  
   Suicide and self-harm in adult survivors of critical illness: population based cohort study

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Dr. Fernando has nothing to disclose.

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1. Given Name (First Name)  
   Danial

2. Surname (Last Name)  
   Qureshi

3. Date  
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   Shannon M. Fernando

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Mr. Qureshi has nothing to disclose.

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   Manish

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   Sood

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   05-April-2021

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Continuing Medical Education (CME) funding from AstraZeneca.

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Dr. Sood reports Continuing Medical Education (CME) funding from AstraZeneca.

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Section 1. Identifying Information

1. Given Name (First Name)  
   Michael

2. Surname (Last Name)  
   Pugliese

3. Date  
   05-April-2021

4. Are you the corresponding author?  
   Yes ☐ No ☑

5. Manuscript Title  
   Suicide and self-harm in adult survivors of critical illness: population based cohort study

6. Manuscript Identifying Number (if you know it)  
   BMJ-2021-064842

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Mr. Pugliese has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  
   Robert

2. Surname (Last Name)  
   Talarico

3. Date  
   05-April-2021

4. Are you the corresponding author?  
   [ ] Yes  
   [x] No  
   Corresponding Author’s Name  
   Shannon M. Fernando

5. Manuscript Title  
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6. Manuscript Identifying Number (if you know it)  
   BMJ-2021-064842

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Section 1. Identifying Information

1. Given Name (First Name) Daniel
2. Surname (Last Name) Myran
3. Date 05-April-2021

4. Are you the corresponding author? ☐ Yes ☑ No
Corresponding Author’s Name Shannon M. Fernando

5. Manuscript Title
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6. Manuscript Identifying Number (if you know it)
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<table>
<thead>
<tr>
<th>1. Given Name (First Name)</th>
<th>2. Surname (Last Name)</th>
<th>3. Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Margaret</td>
<td>Herridge</td>
<td>05-April-2021</td>
</tr>
</tbody>
</table>

4. Are you the corresponding author?  
☐ Yes  ☑ No

5. Manuscript Title  
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1. Given Name (First Name) Dale
2. Surname (Last Name) Needham
3. Date 05-April-2021

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Corresponding Author’s Name
Shannon M. Fernando

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