

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.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Louise Inkeri

2. Surname (Last Name)
Hennings

3. Date
26-January-2015

4. Are you the corresponding author? Yes No

5. Manuscript Title
Few ICU patients fulfill the prerequisites for arterial waveform-analysis for fluid responsiveness

6. Manuscript Identifying Number (if you know it)

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

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Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes No

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Section 1. Identifying Information

1. Given Name (First Name) Anders 2. Surname (Last Name) Perner 3. Date 26-January-2015

4. Are you the corresponding author? Yes No Corresponding Author's Name
Louise Inkeri Hennings

5. Manuscript Title
Few ICU patients fulfill the prerequisites for arterial waveform-analysis for fluid responsiveness

6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

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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
CSL Behring	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Fresenius Kabi	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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. Perner reports grants from CSL Behring
, grants from Fresenius Kabi, outside the submitted work; .

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1. Given Name (First Name)

Ulf Gøttrup

2. Surname (Last Name)

Pedersen

3. Date

26-January-2015

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Louise Inkeri Hennings

5. Manuscript Title

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Section 1. Identifying Information

1. Given Name (First Name) Nicolai	2. Surname (Last Name) Haase	3. Date 25-January-2015
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Louise Inkeri Hennings
5. Manuscript Title Few ICU patients fulfill the prerequisites for arterial waveform-analysis for fluid responsiveness		
6. Manuscript Identifying Number (if you know it)		

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Dr. Haase has nothing to disclose.

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