ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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<table>
<thead>
<tr>
<th>1. Given Name (First Name)</th>
<th>2. Surname (Last Name)</th>
<th>3. Date</th>
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<tr>
<td>Marcus</td>
<td>EGERMANN</td>
<td>28-November-2016</td>
</tr>
</tbody>
</table>

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

Corresponding Author’s Name
Hermes MIOZZARI

5. Manuscript Title
2015 Austrian-Swiss-German Fellowship Report

6. Manuscript Identifying Number (if you know it)

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Section 6. Disclosure Statement

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Dr. EGERMANN has nothing to disclose.

Evaluation and Feedback

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Section 1. Identifying Information

1. Given Name (First Name) Philipp
2. Surname (Last Name) FUNOVICS
3. Date 28-November-2016

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

Corresponding Author’s Name
Hermes MIOZZARI

5. Manuscript Title
2015 Austrian-Swiss-German Fellowship Report

6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

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Dr. FUNOVICS has nothing to disclose.

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1. Given Name (First Name)  
   Hermes

2. Surname (Last Name)  
   MIOZZARI

3. Date  
   28-November-2016

4. Are you the corresponding author?  
   ✔ Yes  
   No

5. Manuscript Title  
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1. Given Name (First Name)  
   Christoph

2. Surname (Last Name)  
   ZILKENS

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   28-November-2016

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