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**ICMJE Form for Disclosure of Potential Conflicts of Interest**

### Section 1. Identifying Information

| 1. Given Name (First Name) | Eric |
| 2. Surname (Last Name)     | Swart |
| 3. Date                    | 20-January-2015 |
| 4. Are you the corresponding author? | Yes | No |

#### Corresponding Author’s Name
Robert J. Strauch

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<th>5. Manuscript Title</th>
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Dr. Swart has nothing to disclose.

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<tr>
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<td>Karl</td>
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   - No  
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   Robert

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   Strauch

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