ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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Section 1. Identifying Information

1. Given Name (First Name) 
   Brett

2. Surname (Last Name) 
   Byers

3. Date 
   20-August-2019

4. Are you the corresponding author? 
   ☑ No

   Corresponding Author’s Name 
   Sahil Kooner

5. Manuscript Title
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Section 1. Identifying Information

1. Given Name (First Name)  
   Daniella

2. Surname (Last Name)  
   Crocker

3. Date  
   20-August-2019

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

   Corresponding Author’s Name  
   Sahil Kooner

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<tr>
<td>2. Surname (Last Name)</td>
<td>Desy</td>
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<td>Corresponding Author’s Name</td>
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<td>5. Manuscript Title</td>
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Sahil

2. Surname (Last Name)  
Kooner

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20-August-2019

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<tr>
<td>Graeme</td>
<td>Matthewson</td>
<td>20-August-2019</td>
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