

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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2. The work under consideration for publication.

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4. Intellectual Property.

This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Harriet

2. Surname (Last Name)
Cavanagh-Dart

3. Date
18-February-2016

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

5. Manuscript Title
Team Management of Diabetic Foot Ulcers

6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

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Ms. Cavanagh-Dart has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)

Richard

2. Surname (Last Name)

Hershberger

3. Date

18-February-2016

4. Are you the corresponding author?

 Yes No

Corresponding Author's Name

5. Manuscript Title

Team Management of Diabetic Foot Ulcers

6. Manuscript Identifying Number (if you know it)

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Dr. Hershberger has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Laurie	2. Surname (Last Name) Lomasney	3. Date 18-February-2016
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name _____
5. Manuscript Title Team Management of Diabetic Foot Ulcers	_____	
6. Manuscript Identifying Number (if you know it)	_____	

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Dr. Lomasney has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Paul	2. Surname (Last Name) O'Keefe	3. Date 18-February-2016
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name _____
5. Manuscript Title Team Management of Diabetic Foot Ulcers		
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Michael

2. Surname (Last Name)

Pinzur

3. Date

18-February-2016

4. Are you the corresponding author?

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5. Manuscript Title

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6. Manuscript Identifying Number (if you know it)

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6. Manuscript Identifying Number (if you know it) _____		

Section 2. The Work Under Consideration for Publication

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