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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Royalties: Funds are coming in to you or your institution due to your patent
ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Andreas
2. Surname (Last Name) Mavrogenis
3. Date 26-July-2017
4. Are you the corresponding author? ☑ No

Corresponding Author’s Name
Panayiotis D Megaloikonomos

5. Manuscript Title
Ultrasonography in Trauma: Physics, Practice, and Training

6. Manuscript Identifying Number (if you know it)

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Section 6. Disclosure Statement

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Dr. Mavrogenis has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Panayiotis D
2. Surname (Last Name) Megaloikonomos
3. Date 26-July-2017
4. Are you the corresponding author? 
   ✔ Yes  ❑ No

5. Manuscript Title
   Ultrasonography in Trauma: Physics, Practice, and Training

6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

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Dr. Megaloikonomos has nothing to disclose.

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1. Given Name (First Name) Theodosios
2. Surname (Last Name) Saranteas
3. Date 26-July-2017

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

Corresponding Author’s Name
Panayiotis D Megaloikonomos

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<tbody>
<tr>
<td>Vasilios</td>
<td>Igoumenou</td>
<td>26-July-2017</td>
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</table>

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

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Dr. Igoumenou has nothing to disclose.

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