ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
   Aaron

2. Surname (Last Name)  
   Bois

3. Date  
   01-September-2017

4. Are you the corresponding author?  
   ✔ Yes   No

5. Manuscript Title  

6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest?  
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Section 4. Intellectual Property -- Patents & Copyrights

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Section 6. Disclosure Statement

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Dr. Bois has nothing to disclose.

Evaluation and Feedback

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ICMJE Form for Disclosure of Potential Conflicts of Interest

**Section 1. Identifying Information**

1. Given Name (First Name)  
   Joseph  

2. Surname (Last Name)  
   Kendal  

3. Date  
   01-September-2017  

4. Are you the corresponding author?  
   [ ] Yes  
   ✔ No  
   Corresponding Author’s Name  
   Aaron J. Bois

5. Manuscript Title  

6. Manuscript Identifying Number (if you know it)

**Section 2. The Work Under Consideration for Publication**

Did you or your institution at any time receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?  

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Dr. Kendal has nothing to disclose.

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1. Given Name (First Name)  
   Katie

2. Surname (Last Name)  
   Thomas

3. Date  
   01-September-2017

4. Are you the corresponding author?  
   [ ] Yes  
   [x] No  
   Corresponding Author’s Name  
   Joseph Kendal

5. Manuscript Title  

6. Manuscript Identifying Number (if you know it)

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   Ian  
2. Surname (Last Name)  
   Lo  
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   ✔ No  
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   Aaron Bois  
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If yes, please fill out the appropriate information below.

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<th>Non-Financial Support?</th>
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