ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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### Section 1. Identifying Information

1. **Given Name (First Name)**
   Heidi

2. **Surname (Last Name)**
   Castillo

3. **Date**
   08-May-2018

4. Are you the corresponding author?  
   - Yes
   - No ✔

   **Corresponding Author’s Name**
   Viachaslau Bradko

5. **Manuscript Title**
   Team Approach: Managing skin injury among individuals living with myelomeningocele

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

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Are there any relevant conflicts of interest?  
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   - No ✔

### Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  
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Dr. Castillo has nothing to disclose.

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<table>
<thead>
<tr>
<th>1. Given Name (First Name)</th>
<th>Jonathan</th>
</tr>
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<tbody>
<tr>
<td>2. Surname (Last Name)</td>
<td>Castillo</td>
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<tr>
<td>3. Date</td>
<td>08-May-2018</td>
</tr>
<tr>
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<tr>
<td>Corresponding Author’s Name</td>
<td>Viachaslau Bradko</td>
</tr>
<tr>
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Are there any relevant conflicts of interest? Yes ✔ No

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Section 1. Identifying Information

1. Given Name (First Name)  Jaclyn
2. Surname (Last Name)  Hill
3. Date  08-May-2018

4. Are you the corresponding author?  Yes  No

Corresponding Author’s Name  Viachaslau Bradko

5. Manuscript Title
Team Approach: Managing skin injury among individuals living with myelomeningocele

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   Viachaslau

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   Bradko

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