

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) Heidi	2. Surname (Last Name) Castillo	3. Date 08-May-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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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Dr. Castillo has nothing to disclose.

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1. Given Name (First Name) Jonathan	2. Surname (Last Name) Castillo	3. Date 08-May-2018
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5. Manuscript Title Team Approach: Managing skin injury among individuals living with myelomeningocele		
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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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