



## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)

CHARLOTTE

2. Surname (Last Name)

WU

3. Date

11-April-2018

4. Are you the corresponding author?

Yes

No

Corresponding Author's Name

KIMBERLY MYERS

5. Manuscript Title

CRITICAL SPACE

6. Manuscript Identifying Number (if you know it)

G17-0017

### 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.)?

Are there any relevant conflicts of interest?

Yes

No

### Section 3. Relevant financial activities outside the submitted work.

Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the "Add +" box. You should report relationships that were **present during the 36 months prior to publication**.

Are there any relevant conflicts of interest?

Yes

No

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

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?

Yes

No

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### Instructions

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) molly	2. Surname (Last Name) osborne	3. Date 08-December-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Kimberly Myers
5. Manuscript Title Critical Space		
6. Manuscript Identifying Number (if you know it) G17-0017		

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### Section 1. Identifying Information

1. Given Name (First Name)  
Kimberly

2. Surname (Last Name)  
Myers

3. Date  
11-December-2017

4. Are you the corresponding author?  Yes  No

5. Manuscript Title  
Graphic Pathographs: A Tool in the Ethical Practice of Person-Centered Medicine

6. Manuscript Identifying Number (if you know it)  
JOE17-0205R1

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Dr. Myers has nothing to disclose.

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1. Given Name (First Name) Zoe	2. Surname (Last Name) Schein	3. Date 11-December-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Dr. Kimberly Myers
5. Manuscript Title Critical Space		
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