

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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2. The work under consideration for publication.

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4. Intellectual Property.

This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Ruth

2. Surname (Last Name)
Macklin

3. Date
30-July-2015

4. Are you the corresponding author? Yes No

Corresponding Author's Name
Lois Shepherd

5. Manuscript Title
Comment on Cho

6. Manuscript Identifying Number (if you know it)
L15-0394

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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Section 4. Intellectual Property -- Patents & Copyrights

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Dr. Macklin has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
Lois

2. Surname (Last Name)
Shepherd

3. Date
30-July-2015

4. Are you the corresponding author? Yes No

5. Manuscript Title
[comment on Cho et al.]

6. Manuscript Identifying Number (if you know it)
L15-0394

Section 2. The Work Under Consideration for Publication

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Section 4. Intellectual Property -- Patents & Copyrights

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Ms. Shepherd 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) Nolan	2. Surname (Last Name) Wages	3. Date 03-August-2015
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Lois Shepherd
5. Manuscript Title Comment on Cho		
6. Manuscript Identifying Number (if you know it)		

Section 2. The Work Under Consideration for Publication

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Dr. Wages has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Nancy	2. Surname (Last Name) King	3. Date 02-November-2015
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name _____
5. Manuscript Title Comment on Cho _____		
6. Manuscript Identifying Number (if you know it) L15-0394 _____		

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Professor King has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)

Alice

2. Surname (Last Name)

Dreger

3. Date

29-September-2015

4. Are you the corresponding author?

 Yes No

Corresponding Author's Name

5. Manuscript Title

Comment on Cho

6. Manuscript Identifying Number (if you know it)

L15-0394

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