

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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1. Identifying information.

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)
Pierre-Yves

2. Surname (Last Name)
DUBIEN

3. Date
15-March-2017

4. Are you the corresponding author? Yes No
Corresponding Author's Name
Joséphine Escutnaire

5. Manuscript Title
Early Identification of Patients With Out-Of-Hospital Cardiac Arrest With No Chance of Survival and Consideration for Organ Donation

6. Manuscript Identifying Number (if you know it)

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Are there any relevant conflicts of interest? Yes No

If yes, please fill out the appropriate information below. If you have more than one entity press the "ADD" button to add a row. Excess rows can be removed by pressing the "X" button.

Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
French national cardiac arrest registry (RéAC)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Member

Section 3. Relevant financial activities outside the submitted work.

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Are there any relevant conflicts of interest? Yes No

Section 4. Intellectual Property -- Patents & Copyrights

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1. Given Name (First Name) Pierre-Yves

2. Surname (Last Name) Gueugniaud

3. Date 15-March-2017

4. Are you the corresponding author? Yes No Corresponding Author's Name Escutnaire

5. Manuscript Title Early identification of patients with out-of-hospital cardiac arrest with no chance of survival and consideration for organ donation

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

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French National Cardiac Arrest Registry (RéAC)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	President of scientific committee

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1. Given Name (First Name)

Joséphine

2. Surname (Last Name)

ESCUTNAIRE

3. Date

11-March-2017

4. Are you the corresponding author?

Yes No

5. Manuscript Title

Letter to Dr Jabre: Early Identification of Patients With Out-Of-Hospital Cardiac Arrest With No Chance of Survival and Consideration for Organ Donation

6. Manuscript Identifying Number (if you know it)

L17-0072

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Dr. ESCUTNAIRE has nothing to disclose.

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1. Given Name (First Name)
Hervé

2. Surname (Last Name)
Hubert

3. Date
14-March-2017

4. Are you the corresponding author? Yes No
Corresponding Author's Name
Joséphine Escutnaire

5. Manuscript Title
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