

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) Mark	2. Surname (Last Name) Meyer	3. Date 02-July-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Chester B. Good
5. Manuscript Title Comment on M17-3361 DeCamp		
6. Manuscript Identifying Number (if you know it) L18-0384		

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest? Yes No

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Dr. Meyer has nothing to disclose.

Evaluation and Feedback

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Section 1. Identifying Information

1. Given Name (First Name) Lindsay	2. Surname (Last Name) Nakaishi	3. Date 05-July-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Chester Good
5. Manuscript Title Comment on M17-3361 DeCamp		
6. Manuscript Identifying Number (if you know it) L18-0384		

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1. Given Name (First Name) Randall	2. Surname (Last Name) Kolb	3. Date 14-September-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Good
5. Manuscript Title Comment on M17-3361 DeCamp		
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1. Given Name (First Name)
Chester

2. Surname (Last Name)
Good

3. Date
07-August-2018

4. Are you the corresponding author? Yes No

5. Manuscript Title
Comment on DeCamp

6. Manuscript Identifying Number (if you know it)
M17-3361

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