

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) Marvin	2. Surname (Last Name) Grieff	3. Date 25-September-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Emil Lesho, DO
5. Manuscript Title Dialysis and Infection Control without Borders		
6. Manuscript Identifying Number (if you know it) L18-0524		

Section 2. The Work Under Consideration for Publication

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Dr. Grieff has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)

Emil

2. Surname (Last Name)

Lesho

3. Date

25-September-2018

4. Are you the corresponding author?

Yes No

5. Manuscript Title

Dialysis and Infection Control without Borders

6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

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Dr. Lesho 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) Melissa	2. Surname (Last Name) Bronstein	3. Date 26-October-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Emil Lesho
5. Manuscript Title Dialysis (and Infections) without Borders		
6. Manuscript Identifying Number (if you know it)		

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Ms. Bronstein has nothing to disclose.

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1. Given Name (First Name) John	2. Surname (Last Name) Hix	3. Date 26-September-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Lesho, Emil
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5. Manuscript Title Comment on Sehgal		
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