

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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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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Royalties: Funds are coming in to you or your institution due to your patent

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Angela

2. Surname (Last Name)
Hewlett

3. Date
15-October-2014

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

5. Manuscript Title
Caring for Ebola patients: a challenge in any care facility

6. Manuscript Identifying Number (if you know it)
M14-2289

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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Are there any relevant conflicts of interest? Yes No

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Pfizer	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	research support, Orthopaedic infections project

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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Section 6. Disclosure Statement

Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Dr. Hewlett reports receiving a research grant from Pfizer, outside the submitted work; .

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) Philip	2. Surname (Last Name) Smith	3. Date 22-October-2014
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Mark Kortepeter
5. Manuscript Title Caring for patients with Ebola: A challenge in any care facility.		
6. Manuscript Identifying Number (if you know it)		

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Dr. Smith has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
Mark

2. Surname (Last Name)
Kortepeter

3. Date
17-October-2014

4. Are you the corresponding author? Yes No

5. Manuscript Title
Caring for patients with Ebola: a challenge in any care facility

6. Manuscript Identifying Number (if you know it)
1918777

Section 2. The Work Under Consideration for Publication

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Dr. Kortepeter has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Theodore	2. Surname (Last Name) Cieslak	3. Date 15-October-2014
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name _____
5. Manuscript Title Caring for Ebola Patients: a Challenge in any Care Facility		
6. Manuscript Identifying Number (if you know it) _____		

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