

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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Section 1. Identifying Information

1. Given Name (First Name) Pedro	2. Surname (Last Name) Marques-Vidal	3. Date 22-November-2016
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Nathalie Wenger
5. Manuscript Title Allocation of resident's time in hospital practice: a time-motion study in internal medicine		
6. Manuscript Identifying Number (if you know it) M16-2238		

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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Dr. Marques-Vidal 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)
Nathalie

2. Surname (Last Name)
Wenger

3. Date
25-November-2016

4. Are you the corresponding author? Yes No

5. Manuscript Title
Allocation of internal medicine resident's time in a Swiss hospital: a time-motion study of day and evening shifts

6. Manuscript Identifying Number (if you know it)
M16-2238

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Section 1. Identifying Information

1. Given Name (First Name) Gerard	2. Surname (Last Name) Waeber	3. Date 23-November-2016
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Nathalie Wenger
5. Manuscript Title Allocation of resident's time in hospital practice: a time-motion study in internal medicine		
6. Manuscript Identifying Number (if you know it) M16-2238		

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Dr. Waeber has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Antoine	2. Surname (Last Name) Garnier	3. Date 16-November-1976
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name
5. Manuscript Title Allocation of resident's time in hospital practice: a time-motion study in internal medicine		
6. Manuscript Identifying Number (if you know it) M16-2238		

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Julien
2. Surname (Last Name)
Castioni
3. Date
05-December-2016
4. Are you the corresponding author? Yes No Corresponding Author's Name _____
5. Manuscript Title
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Marie

2. Surname (Last Name)

Méan

3. Date

22-November-2016

4. Are you the corresponding author?

 Yes No

Corresponding Author's Name

5. Manuscript Title

Allocation of internal medicine resident time in a Swiss hospital:

A timemotion study of day and evening shifts

6. Manuscript Identifying Number (if you know it)

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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.)?

Are there any relevant conflicts of interest?

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