

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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Section 1. Identifying Information

1. Given Name (First Name)

Karen

2. Surname (Last Name)

Mauck

3. Date

30-January-2017

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name

Jay Szostek

5. Manuscript Title

Update in General Internal Medicine: Evidence Published in 2016

6. Manuscript Identifying Number (if you know it)

M17-0114

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Dr. Mauck has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
Mark

2. Surname (Last Name)
Wieland

3. Date
30-January-2017

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name
Jason Szostek

5. Manuscript Title
Update in General Internal Medicine: Evidence Published in 2016

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1. Given Name (First Name)
Karna

2. Surname (Last Name)
Sundsted

3. Date
04-February-2017

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name
Jason Szostek

5. Manuscript Title
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Jason

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Szostek

3. Date

03-February-2017

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☒ Yes ☐ No

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