

Instructions

The purpose of this form is to provide readers of your manuscript with information about your other interests that could influence how they receive and understand your work. The form is designed to be completed electronically and stored electronically. It contains programming that allows appropriate data display. Each author should submit a separate form and is responsible for the accuracy and completeness of the submitted information. The form is in six parts.

Identifying information.

2. The work under consideration for publication.

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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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lbrahim 1



Section 1.	Identifying Inform	nation			
Given Name (First Name) Andrew		2. Surname (Last Name) Ibrahim	3. Date 12-April-2017		
4. Are you the corresponding author?		Yes ✓ No	Corresponding Author's Name Samyukta Mullangi		
5. Manuscript Title Toward Patient-Centered Hospital Desi		gn - What Can Airports Tea	ach Us?"		
6. Manuscript Identifying Number (if you know it) M17-0484					
			-		
Section 2.	The Work Under Co	onsideration for Public	cation		
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? Yes Vo					
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Ibrahim 2



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Dr. Ibrahim has nothing to disclose.					

Evaluation and Feedback

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lbrahim 3



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Chopra 1



Section 1. Identifying Inform	nation				
Given Name (First Name) Vineet	2. Surname (Last Name) Chopra	3. Date 12-April-2017			
4. Are you the corresponding author?	✓ Yes No				
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Chopra 2



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Mullangi 1



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Mullangi 3