

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) Angela	2. Surname (Last Name) Ai	3. Date 25-October-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Gianna Zucotti
5. Manuscript Title Need for Closed-Loop Systems for Abnormal Test Result Management		
6. Manuscript Identifying Number (if you know it) M17-2425		

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.)?

Are there any relevant conflicts of interest? Yes No

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Are there any relevant conflicts of interest? Yes No

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Ms. Ai has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Francine	2. Surname (Last Name) Maloney	3. Date 25-October-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Gianna Zuccotti
5. Manuscript Title Need for Closed-Loop Systems for Abnormal Test Result Management		
6. Manuscript Identifying Number (if you know it) M17-2425		

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Are there any relevant conflicts of interest? Yes No

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Ms. Maloney has nothing to disclose.

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1. Given Name (First Name) Lipika	2. Surname (Last Name) Samal	3. Date 25-October-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name G. Zuccotti
5. Manuscript Title Need for Closed-Loop Systems for Abnormal Test Result Management		
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Dr. Samal has nothing to disclose.

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1. Given Name (First Name) Adam	2. Surname (Last Name) Wright	3. Date 25-October-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Gianna Zuccotti
5. Manuscript Title Need for Closed-Loop Systems for Abnormal Test Result Management		
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1. Given Name (First Name)
Gianna

2. Surname (Last Name)
Zuccotti

3. Date
11-December-2017

4. Are you the corresponding author? Yes No

5. Manuscript Title
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6. Manuscript Identifying Number (if you know it)
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