

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)
Darren

2. Surname (Last Name)
Taichman

3. Date
06-October-2017

4. Are you the corresponding author? Yes No

5. Manuscript Title
Firearm-Related Injury and Death: A U.S. Health Care Crisis in Need of Health Care Professionals

6. Manuscript Identifying Number (if you know it)

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Darren Taichman is a paid employee of the Annals of Internal Medicine and the American College of Physicians.

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Section 1. Identifying Information

1. Given Name (First Name)
Howard

2. Surname (Last Name)
Bauchner

3. Date
06-October-2017

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Darren Taichman

5. Manuscript Title
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Dr. Bauchner has nothing to disclose.

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1. Given Name (First Name) Christine	2. Surname (Last Name) Laine	3. Date 06-October-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Darren Taichman
5. Manuscript Title Firearm-Related Injury and Death: A U.S. Health Care Crisis in Need of Health Care Professionals		
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Larry

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Peiperl

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