

## 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)  
Vineet

2. Surname (Last Name)  
Chopra

3. Date  
09-March-2020

4. Are you the corresponding author?  Yes  No

5. Manuscript Title  
How Should US Hospitals Prepare for COVID-19?

6. Manuscript Identifying Number (if you know it)  
M20-0907

### 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. Chopra has nothing to disclose.

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### Section 1. Identifying Information

1. Given Name (First Name) Laraine	2. Surname (Last Name) Washer	3. Date 09-March-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Vineet Chopra
5. Manuscript Title How Should US Hospitals Prepare for COVID-19		
6. Manuscript Identifying Number (if you know it) M20-0907		

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1. Given Name (First Name) Richard	2. Surname (Last Name) Waldhorn	3. Date 09-March-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Vineet Chopra
5. Manuscript Title How Should US Hospitals Prepare for COVID-19?		
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1. Given Name (First Name) Eric	2. Surname (Last Name) Toner	3. Date 09-March-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Vineet Chopra
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