ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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<th>James</th>
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<tr>
<td>2. Surname (Last Name)</td>
<td>Han</td>
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<tr>
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<td>4. Are you the corresponding author?</td>
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<td>6. Manuscript Identifying Number (if you know it)</td>
<td>APM-20-990</td>
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<tr>
<td>Corresponding Author’s Name</td>
<td>Charles B. Simone, II</td>
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Are there any relevant conflicts of interest? Yes | No

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Dr. Han has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  Robert

2. Surname (Last Name)  Press

3. Date  08-May-2020

4. Are you the corresponding author?  ✔ No

Corresponding Author's Name  Charles B. Simone, II


6. Manuscript Identifying Number (if you know it)  APM-20-990

Section 2. The Work Under Consideration for Publication

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Dr. Press has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Shaakir
2. Surname (Last Name) Hasan
3. Date 08-May-2020

4. Are you the corresponding author? □ Yes ☑ No
   Corresponding Author’s Name Charles B. Simone, II

5. Manuscript Title

6. Manuscript Identifying Number (if you know it)
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1. Given Name (First Name)  Jehee Isabelle
2. Surname (Last Name)    Choi
3. Date                    08-May-2020
4. Are you the corresponding author? ☐ No  ✔ Yes
   Corresponding Author’s Name
   Charles B. Simone, II

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<td>Simone</td>
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Dr. Simone has nothing to disclose.

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