ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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Shnayder
ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
Michelle

2. Surname (Last Name)  
Shnayder

3. Date  
10-April-2020

4. Are you the corresponding author?  
✔ Yes  
No

5. Manuscript Title  
Considering Self-Reported Baseline Function and Cognition in Predicting Post-Operative Complications Among Older Adults

6. Manuscript Identifying Number (if you know it)  
APM-20-816

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?  
✔ No

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✔ No

Section 4. Intellectual Property -- Patents & Copyrights

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Dr. Shnayder has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  
   John

2. Surname (Last Name)  
   Montgomery

3. Date  
   07-April-2020

4. Are you the corresponding author?  
   ✔ No

   Corresponding Author’s Name  
   Michelle Shnayder

5. Manuscript Title  
   Considering Self-Reported Baseline Function and Cognition in Predicting Post-Operative Complications Among Older Adults

6. Manuscript Identifying Number (if you know it)  
   APM-20-816

Section 2. The Work Under Consideration for Publication

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Section 4. Intellectual Property -- Patents & Copyrights

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**Section 6. Disclosure Statement**

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Dr. Montgomery has nothing to disclose.

**Evaluation and Feedback**

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Section 1. Identifying Information

1. Given Name (First Name)  
   Paul

2. Surname (Last Name)  
   Abrahamse

3. Date  
   08-April-2020

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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Section 1. Identifying Information

1. Given Name (First Name) Pasithorn
2. Surname (Last Name) Suwanabol
3. Date 07-April-2020

4. Are you the corresponding author? ☑ Yes ☐ No

Corresponding Author’s Name
Michelle Shnayder

5. Manuscript Title
Considering Self-Reported Baseline Function and Cognition in Predicting Post-Operative Complications Among Older Adults

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If yes, please fill out the appropriate information below.

<table>
<thead>
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<th>Name of Entity</th>
<th>Grant?</th>
<th>Personal Fees?</th>
<th>Non-Financial Support?</th>
<th>Other?</th>
<th>Comments</th>
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</thead>
<tbody>
<tr>
<td>American College of Surgeons Thomas R. Russell Faculty Research Fellowship</td>
<td>☑ Yes</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>Society grant funding</td>
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</table>

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Dr. Suwanabol reports grants from American College of Surgeons Thomas R. Russell Faculty Research Fellowship, from null, outside the submitted work.

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