ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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Section 1. Identifying Information

1. Given Name (First Name)  Amy
2. Surname (Last Name)  Body
3. Date  20-December-2020
4. Are you the corresponding author?  Yes  No

5. Manuscript Title

6. Manuscript Identifying Number (if you know it)
DMR-20-159

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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

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  Yes  No
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### Section 5. Relationships not covered above

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- [ ] Yes, the following relationships/conditions/circumstances are present (explain below):
- [x] No other relationships/conditions/circumstances that present a potential conflict of interest

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Dr. Body has nothing to disclose.

### Evaluation and Feedback

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Sarah
2. Surname (Last Name) Latham
3. Date 29-December-2020
4. Are you the corresponding author? Yes ☐ No ☑
  Corresponding Author’s Name Amy Body

5. Manuscript Title

6. Manuscript Identifying Number (if you know it)
DMR-2020-CC-05(DMR-20-159)

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Dr. Latham 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)  
   Jun Beng

2. Surname (Last Name)  
   Kong

3. Date  
   29-December-2020

4. Are you the corresponding author?  
   ✔ No

Corresponding Author’s Name  
Dr Amy Body

5. Manuscript Title  

6. Manuscript Identifying Number (if you know it)  
   DMR-2020-CC-05(DMR-20-159)

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Dr. Kong has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  Ajay
2. Surname (Last Name)  Raghunath
3. Date  29-December-2020
4. Are you the corresponding author?  Yes  No

Corresponding Author’s Name  Dr. Amy Body

5. Manuscript Title

6. Manuscript Identifying Number (if you know it)
DMR-2020-CC-05(DMR-20-159)

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If yes, please fill out the appropriate information below.

<table>
<thead>
<tr>
<th>Name of Entity</th>
<th>Grant?</th>
<th>Personal Fees?</th>
<th>Non-Financial Support?</th>
<th>Other?</th>
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<tr>
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<td>✔</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>Conference travel grant</td>
</tr>
</tbody>
</table>

Section 4. Intellectual Property -- Patents & Copyrights

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Dr. Raghunath reports grants from AMGEN, outside the submitted work; .

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Section 1. Identifying Information

1. Given Name (First Name)  Eva
2. Surname (Last Name)  Segelov
3. Date  29-December-2020
4. Are you the corresponding author?  ☑ No
6. Manuscript Identifying Number (if you know it)  DMR-2020-CC-05 (DMR-20-159)

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Dr. Segelov has nothing to disclose.

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