

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)

Subhendra

2. Surname (Last Name)

Sarkar

3. Date

21-August-2020

4. Are you the corresponding author?

☒ Yes ☐ No

5. Manuscript Title

Gender and Racial Disparity for Hospital Emergency Service Usage in USA- A Quantitative Analysis for Various Age Groups during 2010-2017.

6. Manuscript Identifying Number (if you know it)

JPHE-20-47

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest? ☐ Yes ☒ No

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Dr. Sarkar 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)
Anthony

2. Surname (Last Name)
DeVito

3. Date
22-August-2020

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name
Subhendra N. Sarkar

5. Manuscript Title
Gender and Racial Disparity for Hospital Emergency Service Usage in USA- A Quantitative Analysis for Various Age Groups during 2010-2017.

6. Manuscript Identifying Number (if you know it)
JPHE-20-47

Section 2. The Work Under Consideration for Publication

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Dr. DeVito has nothing to disclose.

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1. Given Name (First Name)
Evans

2. Surname (Last Name)
Lespinasse

3. Date
22-August-2020

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☐ Yes

☒ No

Corresponding Author's Name
Dr. Subhendra Sarkar

5. Manuscript Title
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1. Given Name (First Name)
Faisal

2. Surname (Last Name)
Khosa

3. Date
16-August-2020

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name
DR. SUBHENDRA SARKAR

5. Manuscript Title
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