

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Instructions

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#### 2. The work under consideration for publication.

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#### 4. Intellectual Property.

This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

#### 5. Relationships not covered above.

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**Entity:** government agency, foundation, commercial sponsor,

**Other:** Anything not covered under the previous three boxes

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
Félicité

2. Surname (Last Name)  
Kamdem

3. Date  
04-August-2017

4. Are you the corresponding author?  Yes  No

5. Manuscript Title  
Cardiac surgery in sub-Saharan Africa: a report of 3-year experience at the Douala General Hospital

6. Manuscript Identifying Number (if you know it)  
JXYM-17-124

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Dr. Kamdem has nothing to disclose.

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### Section 1. Identifying Information

1. Given Name (First Name) William	2. Surname (Last Name) Ngatchou	3. Date 04-August-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Félicité Kamdem
5. Manuscript Title Cardiac surgery in sub-Saharan Africa: a report of 3-year experience at the Douala General Hospital		
6. Manuscript Identifying Number (if you know it) JXYM-17-124		

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1. Given Name (First Name) Ba	2. Surname (Last Name) Hamadou	3. Date 04-August-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Félicité Kamdem
5. Manuscript Title Cardiac surgery in sub-Saharan Africa: a report of 3-year experience at the Douala General Hospital		
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Dr. Hamadou has nothing to disclose.

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### Section 1. Identifying Information

1. Given Name (First Name)  
Alexia

2. Surname (Last Name)  
Mboulley

3. Date  
04-August-2017

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name  
Félicité Kamdem

5. Manuscript Title

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Dr. Mboulley has nothing to disclose.

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1. Given Name (First Name) Henry	2. Surname (Last Name) Luma	3. Date 04-August-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Félicité Kamdem
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Dr. Luma has nothing to disclose.

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**Other:** Anything not covered under the previous three boxes

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**Issued:** The patent has been issued by the agency

**Licensed:** The patent has been licensed to an entity, whether earning royalties or not

**Royalties:** Funds are coming in to you or your institution due to your patent



## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Marie Solange	2. Surname (Last Name) Doualla	3. Date 04-August-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Félicité Kamdem
5. Manuscript Title Cardiac surgery in sub-Saharan Africa: a report of 3-year experience at the Douala General Hospital		
6. Manuscript Identifying Number (if you know it) JXYM-17-124		

### 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?  Yes  No

### Section 3. Relevant financial activities outside the submitted work.

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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

## ICMJE Form for Disclosure of Potential Conflicts of Interest

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### Section 5. Relationships not covered above

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### Section 6. Disclosure Statement

Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Dr. Doualla 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) Daniel	2. Surname (Last Name) Lemogoum	3. Date 04-August-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Félicité Kamdem
5. Manuscript Title Cardiac surgery in sub-Saharan Africa: a report of 3-year experience at the Douala General Hospital		
6. Manuscript Identifying Number (if you know it) JXYM-17-124		

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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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Dr. Lemogoum 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)  
Olivier

2. Surname (Last Name)  
Germay

3. Date  
04-August-2017

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name  
Félicité Kamdem

5. Manuscript Title

Cardiac surgery in sub-Saharan Africa: a report of 3-year experience at the Douala General Hospital

6. Manuscript Identifying Number (if you know it)

JXYM-17-124

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Dr. Germy 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) Jean Luc	2. Surname (Last Name) Jansens	3. Date 04-August-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Félicité Kamdem
5. Manuscript Title Cardiac surgery in sub-Saharan Africa: a report of 3-year experience at the Douala General Hospital		
6. Manuscript Identifying Number (if you know it) JXYM-17-124		

### Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest?  Yes  No

### Section 3. Relevant financial activities outside the submitted work.

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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

## ICMJE Form for Disclosure of Potential Conflicts of Interest

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### Section 6. Disclosure Statement

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Dr. Jansens 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) Pierre	2. Surname (Last Name) Origer	3. Date 04-August-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Félicité Kamdem
5. Manuscript Title Cardiac surgery in sub-Saharan Africa: a report of 3-year experience at the Douala General Hospital		
6. Manuscript Identifying Number (if you know it) JXYM-17-124		

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Are there any relevant conflicts of interest?  Yes  No

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Dr. Origer 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) Jacques	2. Surname (Last Name) Berre	3. Date 04-August-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Félicité Kamdem
5. Manuscript Title Cardiac surgery in sub-Saharan Africa: a report of 3-year experience at the Douala General Hospital		
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Are there any relevant conflicts of interest?  Yes  No

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Dr. Berre 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) Philippe	2. Surname (Last Name) Dehon	3. Date 04-August-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Félicité Kamdem
5. Manuscript Title Cardiac surgery in sub-Saharan Africa: a report of 3-year experience at the Douala General Hospital		
6. Manuscript Identifying Number (if you know it) JXYM-17-124		

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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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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
Maimouna

2. Surname (Last Name)  
Bol Alima

3. Date  
04-August-2017

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name  
Félicité Kamdem

5. Manuscript Title

Cardiac surgery in sub-Saharan Africa: a report of 3-year experience at the Douala General Hospital

6. Manuscript Identifying Number (if you know it)

JXYM-17-124

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Dr. Bol Alima 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) Anastase	2. Surname (Last Name) Dzudie	3. Date 04-August-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Félicité Kamdem
5. Manuscript Title Cardiac surgery in sub-Saharan Africa: a report of 3-year experience at the Douala General Hospital		
6. Manuscript Identifying Number (if you know it) JXYM-17-124		

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Are there any relevant conflicts of interest?  Yes  No

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

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Dr. Dzudie 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) Henry	2. Surname (Last Name) Ngote	3. Date 04-August-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Félicité Kamdem
5. Manuscript Title Cardiac surgery in sub-Saharan Africa: a report of 3-year experience at the Douala General Hospital		
6. Manuscript Identifying Number (if you know it) JXYM-17-124		

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Are there any relevant conflicts of interest?  Yes  No

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Dr. Ngote 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) Yves	2. Surname (Last Name) Monkam	3. Date 04-August-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Félicité Kamdem
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#### 4. Intellectual Property.

This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

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**Royalties:** Funds are coming in to you or your institution due to your patent

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Sidiki	2. Surname (Last Name) Mouliom	3. Date 04-August-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Félicité Kamdem
5. Manuscript Title Cardiac surgery in sub-Saharan Africa: a report of 3-year experience at the Douala General Hospital		
6. Manuscript Identifying Number (if you know it) JXYM-17-124		

### 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?  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

## ICMJE Form for Disclosure of Potential Conflicts of Interest

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Dr. Mouliom 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) Romuald	2. Surname (Last Name) Hentchoua	3. Date 04-August-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Félicité Kamdem
5. Manuscript Title Cardiac surgery in sub-Saharan Africa: a report of 3-year experience at the Douala General Hospital		
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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

## ICMJE Form for Disclosure of Potential Conflicts of Interest

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Dr. Hentchoua 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) Albert	2. Surname (Last Name) Kana	3. Date 04-August-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Félicité Kamdem
5. Manuscript Title Cardiac surgery in sub-Saharan Africa: a report of 3-year experience at the Douala General Hospital		
6. Manuscript Identifying Number (if you know it) JXYM-17-124		

### Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest?  Yes  No

### Section 3. Relevant financial activities outside the submitted work.

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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



## ICMJE Form for Disclosure of Potential Conflicts of Interest

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Dr. Kana has nothing to disclose.

### Evaluation and Feedback

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**Royalties:** Funds are coming in to you or your institution due to your patent

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Aminata	2. Surname (Last Name) Coulibaly	3. Date 04-August-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Félicité Kamdem
5. Manuscript Title Cardiac surgery in sub-Saharan Africa: a report of 3-year experience at the Douala General Hospital		
6. Manuscript Identifying Number (if you know it) JXYM-17-124		

### Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest?  Yes  No

### Section 3. Relevant financial activities outside the submitted work.

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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

## ICMJE Form for Disclosure of Potential Conflicts of Interest

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### Section 5. Relationships not covered above

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### Section 6. Disclosure Statement

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Dr. Coulibaly 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) Eugène Belley	2. Surname (Last Name) Priso	3. Date 04-August-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Félicité Kamdem
5. Manuscript Title Cardiac surgery in sub-Saharan Africa: a report of 3-year experience at the Douala General Hospital		
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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

## ICMJE Form for Disclosure of Potential Conflicts of Interest

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Dr. Priso 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) Samuel	2. Surname (Last Name) Kingue	3. Date 04-August-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Félicité Kamdem
5. Manuscript Title Cardiac surgery in sub-Saharan Africa: a report of 3-year experience at the Douala General Hospital		
6. Manuscript Identifying Number (if you know it) JXYM-17-124		

### 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?  Yes  No

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Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the "Add +" box. You should report relationships that were **present during the 36 months prior to publication**.

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### 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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Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?

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### Section 6. Disclosure Statement

Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Dr. Kingue has nothing to disclose.

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