

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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4. Intellectual Property.

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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) Megan	2. Surname (Last Name) Naidoo	3. Date 22-July-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Kathryn Chu
5. Manuscript Title Humanitarian Surgical Care Delivery: Lessons for Global Surgical Systems Strengthening		
6. Manuscript Identifying Number (if you know it) JPHE-2020-GS-01 (JPHE-20-79)		

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Are there any relevant conflicts of interest? Yes No

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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.

Ms. Naidoo 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) Priyanka	2. Surname (Last Name) Naidu	3. Date 23-July-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Kathryn Chu
5. Manuscript Title Humanitarian Surgical Care Delivery: Lessons for Global Surgical Systems Strengthening		
6. Manuscript Identifying Number (if you know it) JPHE-2020-GS-01 (JPHE-20-79)		

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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Section 4. Intellectual Property -- Patents & Copyrights

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Dr. Naidu has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
Mark

2. Surname (Last Name)
Shrime

3. Date
22-July-2020

4. Are you the corresponding author? Yes No
Corresponding Author's Name
Kathryn Chu

5. Manuscript Title
Humanitarian Surgical Care Delivery: Lessons for Global Surgical Systems Strengthening

6. Manuscript Identifying Number (if you know it)
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Are there any relevant conflicts of interest? Yes No

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Mercy Ships	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No longer active

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I serve on the board of Pharos Global Health Advisors

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Dr. Shrime reports grants from Mercy Ships, outside the submitted work, and serves on the board of Pharos Global Health Advisors.

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Kathryn

2. Surname (Last Name)

Chu

3. Date

22-July-2020

4. Are you the corresponding author?

Yes No

5. Manuscript Title

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