

ICMJE DISCLOSURE FORM

Date: 19/04/2021

Your Name: Mohamed H Ahmed

Manuscript Title:

Clinician-scientist (MD-PhD) postgraduate programs in Sudan: challenges, strategies, implementations and future directions?

Manuscript number (if known): JPHE-21-36

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Time frame: Since the initial planning of the work			
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Time frame: past 36 months			
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3	Royalties or licenses	____ None	
4	Consulting fees	____ None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	____ None	
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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	____ None	
13	Other financial or non-financial interests	____ None	

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Date: 19/04/2021

Your Name: **Nazik E Husain**

Manuscript Title:

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Date: 19/04/2021

Your Name: Mussab Ahmed

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Clinician-scientist (MD-PhD) postgraduate programs in Sudan: challenges, strategies, implementations and future directions?

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Date: 19/04/2021

Your Name: **Mohamed Elshiekh**

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Your Name: Wail Nuri Osman

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