

Instructions

The purpose of this form is to provide readers of your manuscript with information about your other interests that could influence how they receive and understand your work. The form is designed to be completed electronically and stored electronically. It contains programming that allows appropriate data display. Each author should submit a separate form and is responsible for the accuracy and completeness of the submitted information. The form is in six parts.

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| Section 1. Identifying Inform | ation | | |
|---|-------------------------------|--|----------------------|
| 1. Given Name (First Name) Min | 2. Surname (Last Name) Liu | | Date 5-March-2020 |
| 4. Are you the corresponding author? | 0 Yes 1 No | Corresponding Author's Name Fei Yin | |
| 5. Manuscript Title Noise in the outpatient operating room | I | | |

GS-20-290

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?

2 No

Yes

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Are there any relevant conflicts of interest?

Yes 2 No

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?

2 No

Yes



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Dr. Liu has nothing to disclose.

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|---|------------------------------|--|
| 1. Given Name (First Name) Chen | 2. Surname (Last Name) Yi | 3. Date 25-March-2020 |
| 4. Are you the corresponding author? | 0 Yes 1 No | Corresponding Author's Name Fei Yin |
| 5. Manuscript Title Noise in the outpatient operating room | | |

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| Given Name (First Name) Fei Are you the corresponding author? | 2. Surname (Last Name) Yin 1 Yes 0 No | 3. Date 25-March-2020 |
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Yin

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| 4. Are you the corresponding author? | 0 Yes 1 No | Corresponding Author's Nar Fei Yin | ne |
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