

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.

1. Identifying information.

2. The work under consideration for publication.

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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

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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?

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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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