

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

Akira

2. Surname (Last Name)

Kuriyama

3. Date

24-February-2020

4. Are you the corresponding author?

☒ Yes ☐ No

5. Manuscript Title

Adverse Events Associated with Prophylactic Corticosteroid Use Before Extubation: A Cohort Study

6. Manuscript Identifying Number (if you know it)

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Dr. Kuriyama has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Satoshi	2. Surname (Last Name) Egawa	3. Date 24-February-2020
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Akira Kuriyama
5. Manuscript Title Adverse Events Associated with Prophylactic Corticosteroid Use Before Extubation: A Cohort Study		
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Are there any relevant conflicts of interest? ☐ Yes ☒ No

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Dr. Egawa has nothing to disclose.

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1. Given Name (First Name) Jun	2. Surname (Last Name) Kataoka	3. Date 24-February-2020
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Akira Kuriyama
5. Manuscript Title Adverse Events Associated with Prophylactic Corticosteroid Use Before Extubation: A Cohort Study		
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MEDICAL JOURNAL EDITORS

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