Date: <u>21 June 2023</u>				
Your Name: <u>Joyce Z</u>	liwei Tan			
Manuscript Title: vaccination	Chest pain attendances to a Paediatric Emergency Department pre- and post- COVID-19			
Manuscript number (if I	known): TP-23-230			

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		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
		Time frame: Since the initial	planning of the work
1	All support for the present	xNone	
	manuscript (e.g., funding,		
	provision of study materials,		
	medical writing, article processing charges, etc.)		
	No time limit for this item.		
	No time mint for this item.		
		Time frame: past	26 months
2	Grants or contracts from	-	36 Hondis
2	any entity (if not indicated	xNone	
	in item #1 above).		
3	Royalties or licenses	x None	
3	Noyanies of ficerises	^_None	
4	Consulting fees	x None	
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5	Payment or honoraria for	xNone		
	lectures, presentations,			
	speakers bureaus,			
	manuscript writing or			
	educational events			
6	Payment for expert	xNone		
	testimony			
7	Support for attending meetings and/or travel	xNone		
	,			
8	Patents planned, issued or	xNone		
	pending			
9	Participation on a Data	xNone		
	Safety Monitoring Board or			
	Advisory Board			
10	Leadership or fiduciary role	xNone		
	in other board, society,			
	committee or advocacy			
	group, paid or unpaid			
11	Stock or stock options	xNone		
12	Receipt of equipment,	xNone		
	materials, drugs, medical			
	writing, gifts or other			
	services			
13	Other financial or non-	xNone		
	financial interests			
	Please summarize the above conflict of interest in the following box: None.			

Date: 21 June 2023				
Your Name: Dyan Zl	newei Zhang			
Manuscript Title:vaccination	Chest pain attendances to a Paediatric Emergency Department pre- and post- COVID-19			
Manuscript number (if k	(nown): TP-23-230			

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	processing charges, etc.)		
	No time limit for this item.		
		Time frame: past	36 months
2	Grants or contracts from	xNone	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	xNone	
4	Consulting fees	xNone	

5	Payment or honoraria for	xNone		
	lectures, presentations,			
	speakers bureaus,			
	manuscript writing or			
	educational events			
6	Payment for expert	x_None		
	testimony			
7	Support for attending meetings and/or travel	xNone		
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8	Patents planned, issued or	xNone		
	pending			
9	Participation on a Data	xNone		
	Safety Monitoring Board or			
	Advisory Board			
10	Leadership or fiduciary role	xNone		
	in other board, society,			
	committee or advocacy			
	group, paid or unpaid			
11	Stock or stock options	x_None		
12	Receipt of equipment, materials, drugs, medical	x_None		
	writing, gifts or other services			
13	Other financial or non-	x None		
13	financial interests			
	Please summarize the above conflict of interest in the following box:			

Date: 21 June 2023				
Your Name: Sre	ekanthan Sundaraghavan			
Manuscript Title:	Chest pain attendances to a Paediatric Emergency Department pre- and post- COVID-19			
<u>vaccination</u>				
Manuscript numbe	r (if known): TP-23-230			

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		Time frame: past	36 months
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	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	xNone	
4	Consulting fees	xNone	

5	Payment or honoraria for	xNone		
	lectures, presentations,			
	speakers bureaus,			
	manuscript writing or			
	educational events			
6	Payment for expert	xNone		
	testimony			
7	Support for attending meetings and/or travel	xNone		
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8	Patents planned, issued or	xNone		
	pending			
9	Participation on a Data	xNone		
	Safety Monitoring Board or			
	Advisory Board			
10	Leadership or fiduciary role	xNone		
	in other board, society,			
	committee or advocacy			
	group, paid or unpaid			
11	Stock or stock options	xNone		
12	Receipt of equipment,	xNone		
	materials, drugs, medical			
	writing, gifts or other			
	services			
13	Other financial or non-	xNone		
	financial interests			
	Please summarize the above conflict of interest in the following box: None.			

Date: <u>21 June 2023</u>					
Your Name: <u>Sashikumar Gana</u> j	pathy				
Manuscript Title: Chest pain	attendances to a Paediatric Emergency Department pre- and post- COVID-19				
vaccination					
Manuscript number (if known):	TP-23-230				

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3	Royalties or licenses	xNone	
4	Consulting fees	xNone	

5	Payment or honoraria for	xNone		
	lectures, presentations,			
	speakers bureaus,			
	manuscript writing or			
	educational events			
6	Payment for expert	xNone		
	testimony			
7	Support for attending meetings and/or travel	xNone		
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8	Patents planned, issued or	xNone		
	pending			
9	Participation on a Data	xNone		
	Safety Monitoring Board or			
	Advisory Board			
10	Leadership or fiduciary role	xNone		
	in other board, society,			
	committee or advocacy			
	group, paid or unpaid			
11	Stock or stock options	xNone		
12	Receipt of equipment,	xNone		
	materials, drugs, medical			
	writing, gifts or other			
	services			
13	Other financial or non-	xNone		
	financial interests			
	Please summarize the above conflict of interest in the following box: None.			

Date: <u>21 June 2023</u>				
Your Name: <u>Jonathan Tze-Liang</u>	Choo			
Manuscript Title: Chest pain a	attendances to a Paediatric Emergency Department pre- and post- COVID-19			
vaccination				
Manuscript number (if known):	TP-23-230			

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3	Royalties or licenses	xNone	
4	Consulting fees	xNone	

5	Payment or honoraria for	xNone	
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	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	xNone	
	testimony		
7	Support for attending meetings and/or travel	xNone	
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8	Patents planned, issued or	xNone	
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9	Participation on a Data	xNone	
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	Advisory Board		
10	Leadership or fiduciary role	xNone	
	in other board, society,		
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11	Stock or stock options	xNone	
12	Receipt of equipment,	xNone	
	materials, drugs, medical		
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	services		
13	Other financial or non-	xNone	
	financial interests		
	Please summarize the above conflict of interest in the following box: None.		

Date: <u>21 June 2023</u>			
Your Name: Maehar	nyi Frances Rajendram		
Manuscript Title:vaccination	Chest pain attendances to a Paediatric Emergency Department pre- and post- COVID-19		
Manuscript number (if k	nown): TP-23-230		

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13	Other financial or non-	xNone	
	financial interests		
	Please summarize the above conflict of interest in the following box: None.		

Date: <u>21 June 2023</u>				
Your Name: Shu-Li	ing Chong			
Manuscript Title: vaccination	Chest pain attendances to a Paediatric Emergency Department pre- and post- COVID-19			
Manuscript number (if	f known): TP-23-230			

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3	Royalties or licenses	xNone	
4	Consulting fees	xNone	

5	Payment or honoraria for	xNone	
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7	Support for attending meetings and/or travel	xNone	
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8	Patents planned, issued or	xNone	
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9	Participation on a Data	xNone	
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10	Leadership or fiduciary role	xNone	
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11	Stock or stock options	xNone	
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13	Other financial or non-	xNone	
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