

ICMJE Form for Disclosure of Potential Conflicts of Interest

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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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Pablo

2. Surname (Last Name)
Caro-Dominguez

3. Date
21-November-2020

4. Are you the corresponding author? ☒ Yes ☐ No

5. Manuscript Title
Cranial ultrasound for beginners

6. Manuscript Identifying Number (if you know it)
TP-2020-PNTF-07(TP-20-399)

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest? ☐ Yes ☒ No

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Section 6. Disclosure Statement

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Dr. Caro-Dominguez has nothing to disclose.

Evaluation and Feedback

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Catalina	2. Surname (Last Name) Lecacheux	3. Date 21-November-2020
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Pablo Caro Dominguez
5. Manuscript Title Cranial ultrasound for beginners		
6. Manuscript Identifying Number (if you know it) TP-2020-PNTF-07(TP-20-399)		

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest? ☐ Yes ☒ No

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Dr. Lecacheux has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
Cristina

2. Surname (Last Name)
Hernández

3. Date
17-November-2020

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name
Pablo Caro Domínguez

5. Manuscript Title
Cranial ultrasound for beginners

6. Manuscript Identifying Number (if you know it)
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Dr. Hernández has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) ROBERTO	2. Surname (Last Name) LLORENS-SALVADOR	3. Date 17-November-2020
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name PABLO CARO-DOMINGUEZ
5. Manuscript Title CRANIAL ULTRASOUND FOR BEGINNERS		
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