

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)
Barakat

2. Surname (Last Name)
Animasahun

3. Date
10-August-2020

4. Are you the corresponding author? Yes No

5. Manuscript Title
A Narrative of a Cohort of Patients with Kawasaki Disease Seen at the Lagos State University Teaching Hospital

6. Manuscript Identifying Number (if you know it)
AOI-19-12

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Dr. Animasahun has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Comfort	2. Surname (Last Name) Ezegamba	3. Date 10-August-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Barakat Adeola Animasahun
5. Manuscript Title A Narrative of a Cohort of Patients with Kawasaki Disease Seen at the Lagos State University Teaching Hospital		
6. Manuscript Identifying Number (if you know it) AOI-19-12		

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Dr. Ezegamba has nothing to disclose.

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1. Given Name (First Name)
Olugbenga

2. Surname (Last Name)
Kayode-Awe

3. Date
10-August-2020

4. Are you the corresponding author? Yes No

Corresponding Author's Name
Barakat Adeola Animasahun

5. Manuscript Title
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1. Given Name (First Name) Eukeria	2. Surname (Last Name) Ogbuokiri	3. Date 10-August-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Barakat Adeola Animasahun
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