

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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Section 1. Identifying Information

1. Given Name (First Name)
TOMASZ

2. Surname (Last Name)
KŁOSIEWICZ

3. Date
20-March-2020

4. Are you the corresponding author? Yes No

5. Manuscript Title
Impact of automatic chest compression devices in out-of-hospital cardiac arrest

6. Manuscript Identifying Number (if you know it)
JTD-19-3985

Section 2. The Work Under Consideration for Publication

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Dr. KŁOSIEWICZ has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
Mateusz

2. Surname (Last Name)
Puślecki

3. Date
21-March-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Tomasz Kłosiewicz

5. Manuscript Title
Impact of automatic chest compression devices in out-of-hospital cardiac arrest

6. Manuscript Identifying Number (if you know it)
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Section 1. Identifying Information

1. Given Name (First Name)
Radosław

2. Surname (Last Name)
Zalewski

3. Date
21-March-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Tomasz Kłosiewicz

5. Manuscript Title
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6. Manuscript Identifying Number (if you know it)
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Maciej

2. Surname (Last Name)
Sip

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21-March-2020

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Yes No

Corresponding Author's Name
Tomasz Kłosiewicz

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Bartłomiej

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Perek

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20-March-2020

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Yes No

Corresponding Author's Name
Tomasz Kłosiewicz

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