

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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2. The work under consideration for publication.

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4. Intellectual Property.

This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

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Royalties: Funds are coming in to you or your institution due to your patent

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Sammar

2. Surname (Last Name)
Alsunaid

3. Date
20-April-2020

4. Are you the corresponding author? Yes No

5. Manuscript Title
Wound Care Management: Tracheostomy and Gastrostomy

6. Manuscript Identifying Number (if you know it)
JTD-2019-IPICU-13

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 4. Intellectual Property -- Patents & Copyrights

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Dr. Alsunaid has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Van	2. Surname (Last Name) Holden	3. Date 20-April-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Sammar Alsunaid
5. Manuscript Title Wound Care Management: Tracheostomy and Gastrostomy		
6. Manuscript Identifying Number (if you know it) JTD-2019-IPICU-13		

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Dr. Holden has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Akshay	2. Surname (Last Name) Kohli	3. Date 20-April-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Sammar Alsunaid
5. Manuscript Title Wound Care Management: Tracheostomy and Gastrostomy		
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Section 1. Identifying Information

1. Given Name (First Name)
Jose

2. Surname (Last Name)
Diaz

3. Date
23-April-2020

4. Are you the corresponding author? Yes No
Corresponding Author's Name
Sammar Alsunaid

5. Manuscript Title
Wound Care Management: Tracheostomy and Gastrostomy

6. Manuscript Identifying Number (if you know it)

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Are there any relevant conflicts of interest? Yes No

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other	Comments
Acute Innovations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Honorarium - Consultant

Section 4. Intellectual Property -- Patents & Copyrights

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Dr. Diaz reports other from Acute Innovations , outside the submitted work ;

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Lindsay

2. Surname (Last Name)
O'Meara

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23-April-2020

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Corresponding Author's Name
Dr. Alsunaid

5. Manuscript Title
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Ms. O'Meara has nothing to disclose.

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