

## ICMJE DISCLOSURE FORM

**Date:** 21/7/2023

**Your Name:** Muriel Wyss

**Manuscript Title:** Make a Difference: Implementation, Quality and Effectiveness of the WHO Surgical Safety Checklist – a Narrative Review.

**Manuscript Number (if known):** JTD-22-1807

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I certify that I have answered every question and have not altered the wording of any of the questions on this form.

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**Manuscript Number (if known):** JTD-22-1807

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