

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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4. Intellectual Property.

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Section 1. Identifying Inform	nation	
1. Given Name (First Name) Veena	2. Surname (Last Name) Wadhera	3. Date 01-January-2018
4. Are you the corresponding author?	✓ Yes No	
5. Manuscript Title Health information: sourcing patterns	and quality improvement prior to surgery	
6. Manuscript Identifying Number (if you k	now it)	
Section 2. The Work Under C	onsideration for Publication	
	eive payment or services from a third party (governmen g but not limited to grants, data monitoring board, stud	
Are there any relevant conflicts of inter	est? Yes 🖌 No	
Section 3. Relevant financial	activities outside the submitted work.	
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Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? 🗌 Yes 🖌 No



Section 5. Relationships not covered above

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Dr. Wadhera has nothing to disclose.

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Section 2.	The Work Under C	onsideration for Publ	ication	
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Section 4. Intellectual Property -- Patents & Copyrights

Are there any relevant conflicts of interest?

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?		Yes	V No	0
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🖌 No

Yes



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1. Given Name (First Name) Laura	2. Surname (Last Name) O'Connor		Date 1-January-2018
4. Are you the corresponding author?	Yes 🖌 No	Corresponding Author's Name Veena Wadhera	
5. Manuscript Title Health information: sourcing patterns	and quality improvement	prior to surgery	
6. Manuscript Identifying Number (if you l	know it)		
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