

ICMJE Form for Disclosure of Potential Conflicts of Interest

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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2. The work under consideration for publication.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Christine

2. Surname (Last Name)
Jorgensen

3. Date
12-January-2018

4. Are you the corresponding author? Yes No

5. Manuscript Title
Laryngeal cleft—case series from a surgical neonatal intensive care unit

6. Manuscript Identifying Number (if you know it)

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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Are there any relevant conflicts of interest? Yes No

Section 4. Intellectual Property -- Patents & Copyrights

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

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Dr. Jorgensen 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) Amit	2. Surname (Last Name) Trivedi	3. Date 12-January-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Christine Jorgensen
5. Manuscript Title Laryngeal cleft—case series from a surgical neonatal intensive care unit		
6. Manuscript Identifying Number (if you know it)		

Section 2. The Work Under Consideration for Publication

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Section 4. Intellectual Property -- Patents & Copyrights

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Dr. Trivedi has nothing to disclose.

Evaluation and Feedback

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ICMJJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Alan	2. Surname (Last Name) Cheng	3. Date 12-January-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Christine Jorgensen
5. Manuscript Title Laryngeal cleft—case series from a surgical neonatal intensive care unit		
6. Manuscript Identifying Number (if you know it)		

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Section 1. Identifying Information

1. Given Name (First Name)

Jonathan

2. Surname (Last Name)

De Lima

3. Date

12-January-2018

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Christine Jorgensen

5. Manuscript Title

Laryngeal cleft—case series from a surgical neonatal intensive care unit

6. Manuscript Identifying Number (if you know it)

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Section 1. Identifying Information

1. Given Name (First Name)
Karen

2. Surname (Last Name)
Walker

3. Date
12-January-2018

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Yes No

Corresponding Author's Name
Christine Jorgensen

5. Manuscript Title
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Dr. Walker has nothing to disclose.

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