

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Corinna E.

2. Surname (Last Name)
Lathan

3. Date
24-March-2018

4. Are you the corresponding author? Yes No

5. Manuscript Title
A pilot virtual case-management intervention for caregivers of persons with Alzheimer's disease

6. Manuscript Identifying Number (if you know it)

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1. Given Name (First Name) Ian	2. Surname (Last Name) Coffman	3. Date 24-March-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Corinna E. Lathan
5. Manuscript Title A pilot virtual case-management intervention for caregivers of persons with Alzheimer's disease		
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Alter

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