

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)
Alexander

2. Surname (Last Name)
Laar

3. Date
21-May-2018

4. Are you the corresponding author? Yes No

5. Manuscript Title
Understanding health facility challenges in the implementation of Option B+ guidelines in Ghana: the perspectives of health workers

6. Manuscript Identifying Number (if you know it)

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Dr. Laar has nothing to disclose.

Evaluation and Feedback

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Section 1. Identifying Information

1. Given Name (First Name)
Philip

2. Surname (Last Name)
Dalinjong

3. Date
21-May-2018

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Alexander Suuk Laar

5. Manuscript Title
Understanding health facility challenges in the implementation of Option B+ guidelines in Ghana: the perspectives of health workers

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1. Given Name (First Name)
Clarice

2. Surname (Last Name)
Ntim-Adu

3. Date
21-May-2018

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Alexander Suuk Laar

5. Manuscript Title
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1. Given Name (First Name)
Judith

2. Surname (Last Name)
Anaman-Torgbo

3. Date
21-May-2018

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Yes No

Corresponding Author's Name
Alexander Suuk Laar

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