

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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4. Intellectual Property.

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Royalties: Funds are coming in to you or your institution due to your patent

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Allison

2. Surname (Last Name)
Bautista

3. Date
24-January-2021

4. Are you the corresponding author? Yes No

Corresponding Author's Name
Ashlee Murray

5. Manuscript Title
Trauma-informed hospital security: A policy for intimate partner violence in a pediatric healthcare setting

6. Manuscript Identifying Number (if you know it)
JHMHP-20-152

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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Section 6. Disclosure Statement

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Dr. Bautista has nothing to disclose.

Evaluation and Feedback

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Katherine	2. Surname (Last Name) Obenschain	3. Date 21-January-2021
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Ashlee Murray
5. Manuscript Title Trauma-informed hospital security: A policy for intimate partner violence in a pediatric healthcare setting		
6. Manuscript Identifying Number (if you know it) JHMHP-20-152		

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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Dr. Obenschain has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)

JOSEPH

2. Surname (Last Name)

POTTERTON

3. Date

19-January-2021

4. Are you the corresponding author?

 Yes No

Corresponding Author's Name

Ashlee Murray

5. Manuscript Title

Trauma-informed hospital security: A policy for intimate partner violence in a pediatric healthcare setting

6. Manuscript Identifying Number (if you know it)

JHMHP-20-152

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Section 1. Identifying Information

1. Given Name (First Name)

Ashlee

2. Surname (Last Name)

Murray

3. Date

22-January-2021

4. Are you the corresponding author?

Yes No

5. Manuscript Title

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6. Manuscript Identifying Number (if you know it)

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