

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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4. Intellectual Property.

This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

Ilda

2. Surname (Last Name)

Amirian

3. Date

20-February-2014

4. Are you the corresponding author?

Yes No

5. Manuscript Title

Admission medical records made at night time have the same quality as day and evening time records.

6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

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Section 6. Disclosure Statement

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Dr. Amirian has nothing to disclose.

Evaluation and Feedback

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Section 1. Identifying Information

1. Given Name (First Name)
Jacob
2. Surname (Last Name)
Rosenberg
3. Date
20-February-2014
4. Are you the corresponding author? Yes No
Corresponding Author's Name
Ilda Amirian
5. Manuscript Title
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Dr. Rosenberg has nothing to disclose.

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1. Given Name (First Name)
Ismail
2. Surname (Last Name)
Gögenur
3. Date
27-February-2014
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Corresponding Author's Name
Ilda Amirian
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