



ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Jon Erik Fraes
2. Surname (Last Name)
Diernaes
3. Date
4. Are you the corresponding author? Yes No
5. Manuscript Title
6. Manuscript Identifying Number (if you know it)
68029

Section 2. The Work Under Consideration for Publication

Did you or your institution **at any time** receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

Are there any relevant conflicts of interest? Yes No

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Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the "Add +" box. You should report relationships that were **present during the 36 months prior to publication.**

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Section 4. Intellectual Property -- Patents & Copyrights

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Section 6. Disclosure Statement

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Dr. Diernaes has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
Rewend

2. Surname (Last Name)
Bustan

3. Date

4. Are you the corresponding author?

Yes

No

Corresponding Author's Name

Jon Erik Fraes Diernaes

5. Manuscript Title

6. Manuscript Identifying Number (if you know it)
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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Daanyaal	2. Surname (Last Name) Wasim,	3. Date
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Jon Erik Fraes Diernaes
5. Manuscript Title		
6. Manuscript Identifying Number (if you know it) 68029		

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Dr. Wasim, has nothing to disclose.

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