



## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
Jacob

2. Surname (Last Name)  
Hansen-Schwartz

3. Date  
25-May-2016

4. Are you the corresponding author?  Yes  No

5. Manuscript Title  
The impact of the emergency department on the hospital logistics

6. Manuscript Identifying Number (if you know it)

### 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.**

Are there any relevant conflicts of interest?  Yes  No

### Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  Yes  No



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### Section 5. Relationships not covered above

Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?

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At the time of manuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements. On occasion, journals may ask authors to disclose further information about reported relationships.

### Section 6. Disclosure Statement

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Dr. Hansen-Schwartz 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)  
Mansoor Ahmed

2. Surname (Last Name)  
Dawood

3. Date  
20-May-2016

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name  
Jacob Hansen-Schwartz

5. Manuscript Title  
The impact of the emergency department on the hospital logistics

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)

Gideon

2. Surname (Last Name)

Ertner

3. Date

24-May-2016

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name

Jacob Hansen-Schwartz

5. Manuscript Title

The impact of the emergency department on the hospital logistics

6. Manuscript Identifying Number (if you know it)

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