

ICMJE Uniform Disclosure Form for Potential Conflicts of Interest

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1. Identifying information.

Each author should submit a separate form. Provide complete information and double-check the manuscript number. If you are NOT the corresponding author please insert his or her name.

2. The work under consideration for publication.

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4. Financial relationships involving your spouse or partner or your children (under 18 years of age).

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						Add +
Employment	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			Del x
						Add +

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						Add +
Gifts	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			Del ×
						Add +
Grants/grants pending	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	This study received support from <i>Erimodt-</i>	The funders had no influence on study design	Del ×
						Add +
Honoraria	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			Del ×
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						Add +
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						Add +
Gifts	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			Del x
						Add +
Grants/grants pending	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	This study received	The funders had no	Del x
						Add +
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