

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.

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)
Robin

2. Surname (Last Name)
Chamberland

3. Date
02-May-2014

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Scott G. Kaar

5. Manuscript Title

Are cell phones a potential source of bacterial contamination in the operating room?

6. Manuscript Identifying Number (if you know it)

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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Are there any relevant conflicts of interest? Yes No

Section 4. Intellectual Property -- Patents & Copyrights

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Section 6. Disclosure Statement

Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Dr. Chamberland 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)
Scott

2. Surname (Last Name)
Kaar

3. Date
02-May-2014

4. Are you the corresponding author? Yes No

5. Manuscript Title
Are cell phones a potential source of bacterial contamination in the operating room?

6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

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Dr. Kaar has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Nirav	2. Surname (Last Name) Patel	3. Date 02-May-2014
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Scott G. Kaar
5. Manuscript Title Are cell phones a potential source of bacterial contamination in the operating room?		
6. Manuscript Identifying Number (if you know it)		

Section 2. The Work Under Consideration for Publication

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Irshad

2. Surname (Last Name)

Shakir

3. Date

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Corresponding Author's Name

Scott G. Kaar

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