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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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) | 2. Surname (Last Name) | 3. Date |
|----------------------------|------------------------|---------|
| Sammar                    | Alsunaid               | 20-April-2020 |

4. Are you the corresponding author? [ ] Yes [ ] No

5. Manuscript Title
   Wound Care Management: Tracheostomy and Gastrostomy

6. Manuscript Identifying Number (if you know it)
   JTD-2019-IPICU-13

## Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest? [ ] Yes [ ] No

## Section 3. Relevant financial activities outside the submitted work.

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Section 6. Disclosure Statement

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Dr. Alsunaid 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)  
Van

2. Surname (Last Name)  
Holden

3. Date  
20-April-2020

4. Are you the corresponding author?  
☐ Yes  ✔ No

Corresponding Author’s Name
Sammar Alsunaid

5. Manuscript Title  
Wound Care Management: Tracheostomy and Gastrostomy

6. Manuscript Identifying Number (if you know it)  
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Dr. Holden has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  
   Akshay

2. Surname (Last Name)  
   Kohli

3. Date  
   20-April-2020

4. Are you the corresponding author?  
   No

   Corresponding Author’s Name  
   Sammar Alsunaid

5. Manuscript Title  
   Wound Care Management: Tracheostomy and Gastrostomy

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Dr. Kohli has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  
   Jose

2. Surname (Last Name)  
   Diaz

3. Date  
   23-April-2020

4. Are you the corresponding author?  
   Yes  
   No

   Corresponding Author’s Name
   Sammar Alsunaid

5. Manuscript Title  
   Wound Care Management: Tracheostomy and Gastrostomy

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Are there any relevant conflicts of interest?  
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   No

If yes, please fill out the appropriate information below.

| Name of Entity       | Grant? | Personal Fees? | Non-Financial Support? | Ot | Comments           |
|----------------------|--------|----------------|------------------------|----|--------------------|
| Acute Innovations    |        |                |                        |    | Honorarium - Consultant |

Section 4. Intellectual Property -- Patents & Copyrights

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Dr. Diaz reports other from Acute Innovations, outside the submitted work;

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Section 1. Identifying Information

1. Given Name (First Name)  Lindsay
2. Surname (Last Name)  O’Meara
3. Date  23-April-2020

4. Are you the corresponding author?  Yes  No

Corresponding Author’s Name
Dr. Alsunaid

5. Manuscript Title
Wound Care Management: Tracheostomy and Gastrostomy

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Ms. O’Meara has nothing to disclose.

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