

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Thomas

2. Surname (Last Name)
Napier

3. Date
02-May-2020

4. Are you the corresponding author? Yes No

5. Manuscript Title
Surgery for Dysphagia: a patient centred perspective

6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

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Dr. Napier has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Peter	2. Surname (Last Name) Ross	3. Date 07-May-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Thomas Napier
5. Manuscript Title Surgery for Dysphagia: a patient centred perspective		
6. Manuscript Identifying Number (if you know it)		

Section 2. The Work Under Consideration for Publication

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Dr. Ross has nothing to disclose.

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1. Given Name (First Name) Samuel	2. Surname (Last Name) Grieg	3. Date 07-May-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Thomas Napier
5. Manuscript Title Surgery for Dysphagia: a patient centred perspective		
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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Alexandra

2. Surname (Last Name)
Smedley

3. Date
07-May-2020

4. Are you the corresponding author? Yes No

Corresponding Author's Name
Thomas Napier

5. Manuscript Title
Surgery for Dysphagia: a patient centred perspective

6. Manuscript Identifying Number (if you know it)

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