

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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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) Atar	2. Surname (Last Name) Baer	3. Date 13-March-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Margaret Honein
5. Manuscript Title Epidemiology of COVID-19 in a Long-term Care Facility: King County, Washington		
6. Manuscript Identifying Number (if you know it) 20-05412		

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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Section 4. Intellectual Property -- Patents & Copyrights

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Dr. Baer has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Ana	2. Surname (Last Name) Bardossy	3. Date 13-March-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Margaret Honein
5. Manuscript Title Epidemiology of COVID-19 in a Long-term Care Facility: King County, Washington		
6. Manuscript Identifying Number (if you know it) 20-05412		

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Section 1. Identifying Information

1. Given Name (First Name)
Claire

2. Surname (Last Name)
Brostrom-Smith

3. Date
13-March-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Margaret Honein

5. Manuscript Title
Epidemiology of COVID-19 in a Long-term Care Facility: King County, Washington

6. Manuscript Identifying Number (if you know it)
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Mrs. Brostrom-Smith has nothing to disclose.

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Shauna

2. Surname (Last Name)
Clark

3. Date
13-March-2020

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Yes No

Corresponding Author's Name
Margaret Honein

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ICMJE Form for Disclosure of Potential Conflicts of Interest

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1. Given Name (First Name) Thomas	2. Surname (Last Name) Clark	3. Date 13-March-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Margaret Honein
5. Manuscript Title Epidemiology of COVID-19 in a Long-term Care Facility: King County, Washington		
6. Manuscript Identifying Number (if you know it) 20-05412		

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

Section 3. Relevant financial activities outside the submitted work.

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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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Dr. Clark 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)
Dustin

2. Surname (Last Name)
Currie

3. Date
13-March-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Margaret Honein

5. Manuscript Title
Epidemiology of COVID-19 in a Long-term Care Facility: King County, Washington

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)
Jeffrey

2. Surname (Last Name)
Duchin

3. Date
13-March-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Margaret Honein

5. Manuscript Title
Epidemiology of COVID-19 in a Long-term Care Facility: King County, Washington

6. Manuscript Identifying Number (if you know it)
20-05412

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Dr. Duchin 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)

Jessica

2. Surname (Last Name)

Ferro

3. Date

13-March-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Margaret Honein

5. Manuscript Title

Epidemiology of COVID-19 in a Long-term Care Facility: King County, Washington

6. Manuscript Identifying Number (if you know it)

20-05412

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Ms. Ferro 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)
Brian

2. Surname (Last Name)
Hiatt

3. Date
13-March-2020

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Yes No

Corresponding Author's Name
Margaret Honein

5. Manuscript Title
Epidemiology of COVID-19 in a Long-term Care Facility: King County, Washington

6. Manuscript Identifying Number (if you know it)
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Margaret

2. Surname (Last Name)
Honein

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13-March-2020

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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)
Michael

2. Surname (Last Name)
Hughes

3. Date
13-March-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Margaret Honein

5. Manuscript Title
Epidemiology of COVID-19 in a Long-term Care Facility: King County, Washington

6. Manuscript Identifying Number (if you know it)
20-05412

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

Section 3. Relevant financial activities outside the submitted work.

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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 6. Disclosure Statement

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Dr. Hughes 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) Jesica	2. Surname (Last Name) Jacobs	3. Date 13-March-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Margaret Honein
5. Manuscript Title Epidemiology of COVID-19 in a Long-term Care Facility: King County, Washington		
6. Manuscript Identifying Number (if you know it) 20-05412		

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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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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Dr. Jacobs 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) John	2. Surname (Last Name) Jernigan	3. Date 13-March-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Margaret Honein
5. Manuscript Title Epidemiology of COVID-19 in a Long-term Care Facility: King County, Washington		
6. Manuscript Identifying Number (if you know it) 20-05412		

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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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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Dr. Jernigan 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) Vance	2. Surname (Last Name) Kawakami	3. Date 13-March-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Margaret Honein
5. Manuscript Title Epidemiology of COVID-19 in a Long-term Care Facility: King County, Washington		
6. Manuscript Identifying Number (if you know it) 20-05412		

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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

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

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Dr. Kawakami 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) Meagan	2. Surname (Last Name) Kay	3. Date 13-March-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Margaret Honein
5. Manuscript Title Epidemiology of COVID-19 in a Long-term Care Facility: King County, Washington		
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Dr. Kay 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) James	2. Surname (Last Name) Lewis	3. Date 13-March-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Margaret Honein
5. Manuscript Title Epidemiology of COVID-19 in a Long-term Care Facility: King County, Washington		
6. Manuscript Identifying Number (if you know it) 20-05412		

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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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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

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Section 6. Disclosure Statement

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Dr. Lewis 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) Margaret Donghyang	2. Surname (Last Name) Lukoff	3. Date 13-March-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Margaret Honein
5. Manuscript Title Epidemiology of COVID-19 in a Long-term Care Facility: King County, Washington		
6. Manuscript Identifying Number (if you know it) 20-05412		

Section 2. The Work Under Consideration for Publication

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Dr. Lukoff has nothing to disclose.

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ICMJJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Temet

2. Surname (Last Name)
McMichael

3. Date
13-March-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Margaret Honein

5. Manuscript Title
Epidemiology of COVID-19 in a Long-term Care Facility: King County, Washington

6. Manuscript Identifying Number (if you know it)
20-05412

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Dr. McMichael 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) Patricia	2. Surname (Last Name) Montgomery	3. Date 13-March-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Margaret Honein
5. Manuscript Title Epidemiology of COVID-19 in a Long-term Care Facility: King County, Washington		
6. Manuscript Identifying Number (if you know it) 20-05412		

Section 2. The Work Under Consideration for Publication

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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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Dr. Montgomery 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) Lisa	2. Surname (Last Name) Oakley	3. Date 13-March-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Margaret Honein
5. Manuscript Title Epidemiology of COVID-19 in a Long-term Care Facility: King County, Washington		
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Dr. Oakley 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) Sargis	2. Surname (Last Name) Pogosjans	3. Date 13-March-2020
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Dr. Pogosjans has nothing to disclose.

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4. Intellectual Property.

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Royalties: Funds are coming in to you or your institution due to your patent

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Agam	2. Surname (Last Name) Rao	3. Date 13-March-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Margaret Honein
5. Manuscript Title Epidemiology of COVID-19 in a Long-term Care Facility: King County, Washington		
6. Manuscript Identifying Number (if you know it) 20-05412		

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

Section 3. Relevant financial activities outside the submitted work.

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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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Dr. Rao 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)

Thomas

2. Surname (Last Name)

Rea

3. Date

25-March-2020

4. Are you the corresponding author?

 Yes No

Corresponding Author's Name

Margaret Honein

5. Manuscript Title

Epidemiology of COVID-19 in a Long-term Care Facility: King County, Washington

6. Manuscript Identifying Number (if you know it)

20-05412

Section 2. The Work Under Consideration for Publication

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Section 4. Intellectual Property -- Patents & Copyrights

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Dr. Rea 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) Sujan	2. Surname (Last Name) Reddy	3. Date 13-March-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Margaret Honein
5. Manuscript Title Epidemiology of COVID-19 in a Long-term Care Facility: King County, Washington		
6. Manuscript Identifying Number (if you know it) 20-05412		

Section 2. The Work Under Consideration for Publication

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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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Dr. Reddy 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)
Francis

2. Surname (Last Name)
Riedo

3. Date
13-March-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Margaret Honein

5. Manuscript Title
Epidemiology of COVID-19 in a Long-term Care Facility: King County, Washington

6. Manuscript Identifying Number (if you know it)
20-05412

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ICMJJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Denny

2. Surname (Last Name)
Russell

3. Date
13-March-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Margaret Honein

5. Manuscript Title
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Section 1. Identifying Information

1. Given Name (First Name) Michael	2. Surname (Last Name) Sayre	3. Date 25-March-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Margaret Honein
5. Manuscript Title Epidemiology of COVID-19 in a Long-term Care Facility: King County, Washington		
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Are there any relevant conflicts of interest? Yes No

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Section 1. Identifying Information

1. Given Name (First Name)
Noah

2. Surname (Last Name)
Schwartz

3. Date
12-March-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Margaret Honein

5. Manuscript Title
Epidemiology of COVID-19 in a Long-term Care Facility: King County, Washington

6. Manuscript Identifying Number (if you know it)
20-05412

Section 2. The Work Under Consideration for Publication

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1. Given Name (First Name) Nimalie	2. Surname (Last Name) Stone	3. Date 13-March-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Margaret Honein
5. Manuscript Title Epidemiology of COVID-19 in a Long-term Care Facility: King County, Washington		
6. Manuscript Identifying Number (if you know it) 20-05412		

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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.)?

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Farrell

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Tobolowsky

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13-March-2020

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Corresponding Author's Name
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