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Manuscript Number (if known):

Manuscript Title:

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(Each Author Must Complete)
You MUST CHECK at least one box in Categories 1 and 2 to be listed as an author of the manuscript

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<th>Category 3 (OPTIONAL)</th>
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</thead>
<tbody>
<tr>
<td>Conception and design</td>
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<td>Statistical expertise</td>
</tr>
<tr>
<td>Data collection</td>
<td>Critical revision of the manuscript</td>
<td>Obtaining funding</td>
</tr>
<tr>
<td>Analysis and interpretation of data</td>
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ICMJE Form for Disclosure of Potential Conflicts of Interest

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4. Are you the corresponding author?  
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