

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) Jamie	2. Surname (Last Name) Chisholm	3. Date 27-May-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Trevor McBride
5. Manuscript Title Visual Analog Pain Scores Reported to a Nurse and a Physician in a Postoperative Setting		
6. Manuscript Identifying Number (if you know it)		

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Dr. Chisholm has nothing to disclose.

Evaluation and Feedback

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Section 1. Identifying Information

1. Given Name (First Name)
Kevin

2. Surname (Last Name)
Martin

3. Date
27-May-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Trevor McBride

5. Manuscript Title
Visual Analog Pain Scores Reported to a Nurse and a Physician in a Postoperative Setting

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Trevor

2. Surname (Last Name)
McBride

3. Date
27-May-2020

4. Are you the corresponding author? Yes No

5. Manuscript Title
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Aaron

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Wilke

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