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.

5. **Relationships not covered above.**

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**Royalties:** Funds are coming in to you or your institution due to your patent
### 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?  
   - Yes  
   - No  
   ✔ 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  
   ✔ No

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

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Are there any relevant conflicts of interest?  
   - Yes  
   - No  
   ✔ No

### Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  
   - Yes  
   - No  
   ✔ No
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Section 6. Disclosure Statement

Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Dr. Baer has nothing to disclose.

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Bardossy
### 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?  
☑ No

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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Are there any relevant conflicts of interest?  
☑ No

### Section 4. Intellectual Property -- Patents & Copyrights

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☑ No

Bardossy
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ICMJE Form for Disclosure of Potential Conflicts of Interest

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

Section 2. The Work Under Consideration for Publication

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Mrs. Brostrom-Smith has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  
   Eric

2. Surname (Last Name)  
   Chow

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

Chow
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Dr. Chow has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Shauna
2. Surname (Last Name) Clark
3. Date 13-March-2020

4. Are you the corresponding author? ☑ No

Corresponding Author’s Name
Margaret Honein

5. Manuscript Title
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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)  
   Thomas  

2. Surname (Last Name)  
   Clark  

3. Date  
   13-March-2020  

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

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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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
ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 5. Relationships not covered above

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Section 6. Disclosure Statement

Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

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)
   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**

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Dr. Currie 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)  
   Jeffrey

2. Surname (Last Name)  
   Duchin

3. Date  
   13-March-2020

4. Are you the corresponding author?  
   [ ] Yes  
   [x] 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

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[ ] Yes  
[ ] No

## Section 4. Intellectual Property -- Patents & Copyrights

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[ ] No
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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  

## 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
ICMJE Form for Disclosure of Potential Conflicts of Interest

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Section 6. Disclosure Statement
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Ms. Ferro 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)  
   Brian

2. Surname (Last Name)  
   Hiatt

3. Date  
   13-March-2020

4. Are you the corresponding author?  
   ☑ 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. Hiatt 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
2. Surname (Last Name)      Honein
3. Date                     13-March-2020
4. Are you the corresponding author?  Yes  No
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. Honein has nothing to disclose.

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1. Identifying information.

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**Other:** Anything not covered under the previous three boxes

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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)  
   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.)?

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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?  
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Dr. Hughes has nothing to disclose.

Evaluation and Feedback

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<tbody>
<tr>
<td>Jesica</td>
<td>Jacobs</td>
<td>13-March-2020</td>
</tr>
</tbody>
</table>

4. Are you the corresponding author? [ ] Yes [x] 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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Dr. Jacobs has nothing to disclose.

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<tbody>
<tr>
<td>John</td>
<td>Jernigan</td>
<td>13-March-2020</td>
</tr>
</tbody>
</table>

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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Dr. Jernigan has nothing to disclose.

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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?  
☐ Yes  ☑ No

Corresponding Author’s Name  
Margaret Honein

5. Manuscript Title  
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Dr. Kawakami has nothing to disclose.

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1. Given Name (First Name)  
   Meagan

2. Surname (Last Name)  
   Kay

3. Date  
   13-March-2020

4. Are you the corresponding author?  
   No

   Corresponding Author’s Name  
   Margaret Honein

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Dr. Kay has nothing to disclose.

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### 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?**  
   [ ] 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. Lewis has nothing to disclose.

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# ICMJE Form for Disclosure of Potential Conflicts of Interest

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<tr>
<td>Margaret Donghyang</td>
<td>Lukoff</td>
<td>13-March-2020</td>
</tr>
</tbody>
</table>

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

   Corresponding Author’s Name  
   Margaret Honein

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

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ICMJE Form for Disclosure of Potential Conflicts of Interest

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Dr. Lukoff 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) 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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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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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?  ✔ No

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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1. Given Name (First Name) Lisa
2. Surname (Last Name) Oakley
3. Date 13-March-2020
4. Are you the corresponding author? ☒ No
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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<td>Yes ✔</td>
</tr>
<tr>
<td>Corresponding Author’s Name</td>
<td>Margaret Honein</td>
</tr>
<tr>
<td>5. Manuscript Title</td>
<td>Epidemiology of COVID-19 in a Long-term Care Facility: King County, Washington</td>
</tr>
<tr>
<td>6. Manuscript Identifying Number (if you know it)</td>
<td>20-05412</td>
</tr>
</tbody>
</table>

### 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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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. Pogosjans 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)  Agam
2. Surname (Last Name)  Rao
3. Date  13-March-2020
4. Are you the corresponding author?  ☑ No

Corresponding Author’s Name
Margaret Honein

5. Manuscript Title
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Rea
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  
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6. Manuscript Identifying Number (if you know it)  
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1. Given Name (First Name)  
   Sujan

2. Surname (Last Name)  
   Reddy

3. Date  
   13-March-2020

4. Are you the corresponding author?  
   ☑️ 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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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

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**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  
   [x] No

   Corresponding Author’s Name
   Margaret Honein

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Mr. Russell has nothing to disclose.

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### Section 1. Identifying Information

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<tr>
<td>Michael</td>
<td>Sayre</td>
<td>25-March-2020</td>
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| 4. Are you the corresponding author? | ☑ No                     |

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Dr. Sayre has nothing to disclose.

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1. Given Name (First Name)  
   Noah  

2. Surname (Last Name)  
   Schwartz  

3. Date  
   12-March-2020  

4. Are you the corresponding author?  
   ☑️ 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?  
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Dr. Schwartz has nothing to disclose.

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<td>Nimalie</td>
<td>Stone</td>
<td>13-March-2020</td>
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4. Are you the corresponding author? [ ] Yes [ ] No  

Corresponding Author's Name  
Margaret Honein

5. Manuscript Title  
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   Farrell

2. **Surname (Last Name)**
   Tobolowsky

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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