

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

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Kathryn	2. Surname (Last Name) Barbour	3. Date 22-October-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Dr Charles Haworth
5. Manuscript Title The impact of hospital ward ventilation on airborne pathogen exposure.		
6. Manuscript Identifying Number (if you know it) Blue-202009-3634LE		

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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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. Barbour has nothing to disclose.

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1. Given Name (First Name) Martin	2. Surname (Last Name) Curran	3. Date 22-October-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Dr Charles Haworth
5. Manuscript Title The impact of hospital ward ventilation on airborne pathogen exposure.		
6. Manuscript Identifying Number (if you know it) Blue-202009-3634LE		

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Dr. Curran has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Gennaro	2. Surname (Last Name) dello Ioio	3. Date 22-October-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Dr Charles Haworth
5. Manuscript Title The impact of hospital ward ventilation on airborne pathogen exposure.		
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Dr. dello loio has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Andres	2. Surname (Last Name) Floto	3. Date 22-October-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Dr Charles Haworth
5. Manuscript Title The impact of hospital ward ventilation on airborne pathogen exposure.		
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Section 1. Identifying Information

1. Given Name (First Name) Dorothy	2. Surname (Last Name) Grogono	3. Date 16-October-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Dr Charles Haworth
5. Manuscript Title The impact of hospital ward ventilation on airborne pathogen exposure.		
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Section 1. Identifying Information

1. Given Name (First Name)
Charles

2. Surname (Last Name)
Haworth

3. Date
22-October-2020

4. Are you the corresponding author? Yes No

5. Manuscript Title
The impact of hospital ward ventilation on airborne pathogen exposure.

6. Manuscript Identifying Number (if you know it)
Blue-202009-3634LE

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. Haworth 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)
Nicola

2. Surname (Last Name)
Mingotti

3. Date
22-October-2020

4. Are you the corresponding author? Yes No

Corresponding Author's Name
Dr Charles Haworth

5. Manuscript Title
The impact of hospital ward ventilation on airborne pathogen exposure.

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)

Josie

2. Surname (Last Name)

Rudman

3. Date

22-October-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Dr Charles Haworth

5. Manuscript Title

The impact of hospital ward ventilation on airborne pathogen exposure.

6. Manuscript Identifying Number (if you know it)

Blue-202009-3634LE

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Dr. Rudman 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)
Marlene

2. Surname (Last Name)
Taveira

3. Date
22-October-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Dr Charles Haworth

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

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Section 1. Identifying Information

1. Given Name (First Name) Andrew	2. Surname (Last Name) Woods	3. Date 22-October-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Dr Charles Haworth
5. Manuscript Title The impact of hospital ward ventilation on airborne pathogen exposure.		
6. Manuscript Identifying Number (if you know it) Blue-202009-3634LE		

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