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)  
   Michael
2. Surname (Last Name)  
   LeFevre
3. Date  
   21-August-2014
4. Are you the corresponding author?  
   ✔ Yes  
   No
5. Manuscript Title  
   Behavioral Counseling Interventions to Prevent Sexually Transmitted Infections
6. Manuscript Identifying Number (if you know it)

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Are there any relevant conflicts of interest?  
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   No

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   No

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Dr. LeFevre has nothing to disclose.

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Baumann
ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  Linda
2. Surname (Last Name)  Baumann
3. Date  17-August-2014

4. Are you the corresponding author?  Yes  No

Corresponding Author's Name  Mike Lefevre

5. Manuscript Title
Behavioral Counseling Interventions to Prevent Sexually Transmitted Infections

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) Kristen
2. Surname (Last Name) Bibbins-Domingo
3. Date 21-August-2014
4. Are you the corresponding author? ☑️ No
   Corresponding Author's Name Michal LeFevre
5. Manuscript Title
   Behavioral Counseling Interventions to Prevent Sexually Transmitted Infections
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Dr. Bibbins-Domingo has nothing to disclose.

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Curry
**ICMJE Form for Disclosure of Potential Conflicts of Interest**

### Section 1. Identifying Information

<table>
<thead>
<tr>
<th>1. Given Name (First Name)</th>
<th>2. Surname (Last Name)</th>
<th>3. Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Susan</td>
<td>Curry</td>
<td>21-August-2014</td>
</tr>
</tbody>
</table>

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

**Corresponding Author's Name**

Michal LeFevre

5. Manuscript Title

Behavioral Counseling Interventions to Prevent Sexually Transmitted Infections

6. Manuscript Identifying Number (if you know it)

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Dr. Curry has nothing to disclose.

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1. Given Name (First Name)  
   Karina

2. Surname (Last Name)  
   Davidson

3. Date  
   21-August-2014

4. Are you the corresponding author?  
   [ ] Yes  [✓] No  
   Corresponding Author's Name  
   Michal LeFevre

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

**Pending:** The patent has been filed but not issued

**Issued:** The patent has been issued by the agency

**Licensed:** The patent has been licensed to an entity, whether earning royalties or not

**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)  
   Mark

2. Surname (Last Name)  
   Ebell

3. Date  
   21-August-2014

4. Are you the corresponding author?  
   ☐ Yes  ☑ No  
   Corresponding Author's Name  
   Michal LeFevre

5. Manuscript Title  
   Behavioral Counseling Interventions to Prevent Sexually Transmitted Infections

6. Manuscript Identifying Number (if you know it)

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**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 3. Relevant financial activities outside the submitted work.**

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Are there any relevant conflicts of interest?  
☐ Yes  ☑ No

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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
Section 5. Relationships not covered above

Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?

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☐ No other relationships/conditions/circumstances that present a potential conflict of interest

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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. Ebell has nothing to disclose.

Evaluation and Feedback

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Garcia
ICMJE Form for Disclosure of Potential Conflicts of Interest

**Section 1. Identifying Information**

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<tr>
<td>1. Given Name (First Name)</td>
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<td>2. Surname (Last Name)</td>
<td>Garcia</td>
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<tr>
<td>3. Date</td>
<td>18-August-2014</td>
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<td>4. Are you the corresponding author?</td>
<td>Yes ☐ No ☑</td>
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<td>5. Manuscript Title</td>
<td>Behavioral Counseling Interventions to Prevent Sexually Transmitted Infections</td>
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<tr>
<td>6. Manuscript Identifying Number (if you know it)</td>
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**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.**

Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the "Add +" box. You should report relationships that were present during the 36 months prior to publication.

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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No conflicts to declare

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) Matthew
2. Surname (Last Name) Gillman
3. Date 21-August-2014

4. Are you the corresponding author? ☐ Yes ☑ No
Corresponding Author’s Name Michal LeFevre

5. Manuscript Title
Behavioral Counseling Interventions to Prevent Sexually Transmitted Infections

6. Manuscript Identifying Number (if you know it)

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. Gillman 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)  
Herzstein

3. Date  
21-August-2014

4. Are you the corresponding author?  
☐ Yes  ☑ No

Corresponding Author’s Name  
Michal LeFevre

5. Manuscript Title  
Behavioral Counseling Interventions to PreventSexually Transmitted Infections

6. Manuscript Identifying Number (if you know it)

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

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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. Herzstein has nothing to disclose.

Evaluation and Feedback

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Table 1: Conflict of Interest Disclosures

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Table 2: Financial Relationships

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Table 3: Employment and Affiliations

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Table 4: Other Relationships

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Signed: ____________________________
Date: ____________________________
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Kemper
ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
   Alex

2. Surname (Last Name)  
   Kemper

3. Date  
   19-August-2014

4. Are you the corresponding author?  
   ☑ Yes  ☐ No  
   Corresponding Author’s Name  
   LeFevre

5. Manuscript Title  
   Behavioral Counseling Interventions to Prevent Sexually Transmitted Infections

6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest?  
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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?  
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Dr. Kemper has nothing to disclose.

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Licensed: The patent has been licensed to an entity, whether earning royalties or not
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)**  
   Ann

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

3. **Date**  
   21-August-2014

4. **Are you the corresponding author?**  
   Yes  No  
   **Corresponding Author’s Name**  
   Michal LeFevre

5. **Manuscript Title**  
   Behavioral Counseling Interventions to Prevent Sexually Transmitted Infections

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

### 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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Yes  No

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Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  
Yes  No
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Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?

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Dr. Kurth 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)  Michael
2. Surname (Last Name)  LeFevre
3. Date  21-August-2014

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

5. Manuscript Title
   Behavioral Counseling Interventions to Prevent Sexually Transmitted Infections

6. Manuscript Identifying Number (if you know it)

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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Dr. LeFevre has nothing to disclose.

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Owens
ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
Douglas

2. Surname (Last Name)  
Owens

3. Date  
18-August-2014

4. Are you the corresponding author?  
☐ Yes  ☑ No  
Corresponding Author's Name

5. Manuscript Title  
Behavioral Counseling Interventions to Prevent Sexually Transmitted Infections

6. Manuscript Identifying Number (if you know it)

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Are there any relevant conflicts of interest?  
☑ Yes  ☐ No

If yes, please fill out the appropriate information below. If you have more than one entity press the "ADD" button to add a row. Excess rows can be removed by pressing the "X" button.

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</tr>
</tbody>
</table>

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ICMJE Form for Disclosure of Potential Conflicts of Interest

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Dr. Owens reports non-financial support from travel, during the conduct of the study.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
   William

2. Surname (Last Name)  
   Phillips

3. Date  
   21-August-2014

4. Are you the corresponding author?  
   □ Yes  ☑ No  
   Corresponding Author's Name  
   Michal LeFevre

5. Manuscript Title  
   Behavioral Counseling Interventions to Prevent Sexually Transmitted Infections

6. Manuscript Identifying Number (if you know it)

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Dr. Phillips has nothing to disclose.

Evaluation and Feedback

Please visit http://www.icmje.org/cgi-bin/feedback to provide feedback on your experience with completing this form.
<table>
<thead>
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<th>Section A: Description of Patient and Illness</th>
<th>Section B: Description of Clinical Symptoms</th>
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<td>Patient Name: John Doe</td>
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</tr>
<tr>
<td>Age: 35</td>
<td>Onset: 5 days ago</td>
</tr>
<tr>
<td>Gender: Male</td>
<td>Duration: 3 weeks</td>
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<td>Medical History: Hypertension</td>
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<td>Current Medications: Aspirin, Tylenol</td>
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<td>Past Medical Conditions: None</td>
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<table>
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<th>Section C: Description of Treatment</th>
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<td>Treatment Plan: Bedrest, Fluids, Antibiotics</td>
</tr>
</tbody>
</table>

<table>
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<th>Section D: Patient's Consent</th>
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</thead>
<tbody>
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<td>Patient agrees to the above described treatment.</td>
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</table>

<table>
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<th>Section E: Healthcare Provider Information</th>
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<tbody>
<tr>
<td>Provider Name: Dr. Smith</td>
</tr>
<tr>
<td>Contact: 123-456-7890</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Section F: Patient's Signature</th>
</tr>
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<tbody>
<tr>
<td>Patient's Signature: John Doe</td>
</tr>
<tr>
<td>Date: 10th March 2023</td>
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Section 1. Identifying Information

1. Given Name (First Name)  
   Maureen

2. Surname (Last Name)  
   Phipps

3. Date  
   18-August-2014

4. Are you the corresponding author?  
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Personal Fees: Monies paid to you for services rendered, generally honoraria, royalties, or fees for consulting, lectures, speakers bureaus, expert testimony, employment, or other affiliations

Non-Financial Support: Examples include drugs/equipment supplied by the entity, travel paid by the entity, writing assistance, administrative support, etc.

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Issued: The patent has been issued by the agency

Licensed: The patent has been licensed to an entity, whether earning royalties or not

Royalties: Funds are coming in to you or your institution due to your patent
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Section 1. Identifying Information

1. Given Name (First Name)
   Michael

2. Surname (Last Name)
   Pignone

3. Date
   25-August-2014

4. Are you the corresponding author?  
   ☑ Yes  ☐ No
   Corresponding Author's Name

5. Manuscript Title
   Behavioral Counseling Interventions to Prevent Sexually Transmitted Infections

6. Manuscript Identifying Number (if you know it)

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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Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the "Add +" box. You should report relationships that were present during the 36 months prior to publication.

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   ☑ Yes  ☐ No

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Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  
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Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?

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At the time of manuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements. On occasion, journals may ask authors to disclose further information about reported relationships.

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. Pignone has nothing to disclose.

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Instructions

The purpose of this form is to provide readers of your manuscript with information about your other interests that could influence how they receive and understand your work. The form is designed to be completed electronically and stored electronically. It contains programming that allows appropriate data display. Each author should submit a separate form and is responsible for the accuracy and completeness of the submitted information. The form is in six parts.

1. Identifying information.
2. The work under consideration for publication.
   This section asks for information about the work that you have submitted for publication. The time frame for this reporting is that of the work itself, from the initial conception and planning to the present. The requested information is about resources that you received, either directly or indirectly (via your institution), to enable you to complete the work. Checking “No” means that you did the work without receiving any financial support from any third party — that is, the work was supported by funds from the same institution that pays your salary and that institution did not receive third-party funds with which to pay you. If you or your institution received funds from a third party to support the work, such as a government granting agency, charitable foundation or commercial sponsor, check “Yes”.

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   This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

5. Relationships not covered above.
   Use this section to report other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work.

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Section 1. Identifying Information

1. Given Name (First Name)  
Albert

2. Surname (Last Name)  
Siu

3. Date  
21-August-2014

4. Are you the corresponding author?  
☐ Yes  ☑ No

Corresponding Author's Name  
Michal LeFevre

5. Manuscript Title  
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