

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)
Radoslaw

2. Surname (Last Name)
Zalewski

3. Date
19-March-2020

4. Are you the corresponding author? Yes No

5. Manuscript Title
The use of prefilled adrenaline syringes improves cardiopulmonary resuscitation quality- high-fidelity simulator-based study

6. Manuscript Identifying Number (if you know it)
JTD-19-4217

Section 2. The Work Under Consideration for Publication

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Dr. Zalewski has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
Mateusz

2. Surname (Last Name)
Puslecki

3. Date
19-March-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Radoslaw Zalewski

5. Manuscript Title

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Dr. Puslecki has nothing to disclose.

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1. Given Name (First Name)

Tomasz

2. Surname (Last Name)

Kłosiewicz

3. Date

19-March-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Radoslaw Zalewski

5. Manuscript Title

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Maciej

2. Surname (Last Name)
Sip

3. Date
19-March-2020

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Yes No

Corresponding Author's Name
Radoslaw Zalewski

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Bartlomiej

2. Surname (Last Name)
Perek

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19-March-2020

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Yes No

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Radoslaw Zalewski

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