ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  Jacob
2. Surname (Last Name)  Hansen-Schwartz
3. Date  25-May-2016

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

5. Manuscript Title
The impact of the emergency department on the hospital logistics

6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

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Dr. Hansen-Schwartz has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  
   Mansoor Ahmed

2. Surname (Last Name)  
   Dawood

3. Date  
   20-May-2016

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

Corresponding Author’s Name  
   Jacob Hansen-Schwartz

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Section 1. Identifying Information

1. Given Name (First Name)  
   Gideon

2. Surname (Last Name)  
   Ertner

3. Date  
   24-May-2016

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

5. Manuscript Title  
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Are there any relevant conflicts of interest?  
☐ Yes  ☑ No

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