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4. **Intellectual Property.**

5. **Relationships not covered above.**

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information
1. Given Name (First Name) Emily
2. Surname (Last Name) Smith
3. Date 11-November-2020
4. Are you the corresponding author? ☐ Yes ☑ No

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 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. Smith 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)**
   - Noah

2. **Surname (Last Name)**
   - Haber

3. **Date**
   - 11-November-2020

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

5. **Manuscript Title**
   - Letter of concern regarding “Reduction in COVID-19 infection using surgical facial masks outside the healthcare system”

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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- **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. Haber has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  
   Sarah

2. Surname (Last Name)  
   Wieten

3. Date  
   11-November-2020

4. Are you the corresponding author?  
   No

Corresponding Author’s Name  
   Noah Haber

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