

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Instructions

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#### 1. Identifying information.

#### 2. The work under consideration for publication.

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

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
John

2. Surname (Last Name)  
Dunn

3. Date  
05-July-2016

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name  
Logan Robert Koehler

5. Manuscript Title  
The Sweaty Surgeon: Raising Ambient Operating Room Temperature Benefits neither Patient nor Surgeon?

6. Manuscript Identifying Number (if you know it)

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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

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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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Dr. Dunn has nothing to disclose.

### 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)  
Logan

2. Surname (Last Name)  
Koehler

3. Date  
05-July-2016

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

5. Manuscript Title  
The Sweaty Surgeon: Raising Ambient Operating Room Temperature Benefits neither Patient nor Surgeon?

6. Manuscript Identifying Number (if you know it)

### Section 2. The Work Under Consideration for Publication

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Dr. Koehler has nothing to disclose.

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1. Given Name (First Name)  
Nicholas

2. Surname (Last Name)  
Kusnezov

3. Date  
05-July-2016

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name  
Logan Robert Koehler

5. Manuscript Title  
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1. Given Name (First Name)  
Justin

2. Surname (Last Name)  
Orr

3. Date  
05-July-2016

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☐ Yes ☒ No

Corresponding Author's Name  
Logan Robert Koehler

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Dr. Orr has nothing to disclose.

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