

ICMJE Form for Disclosure of Potential Conflicts of Interest

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".

3. Relevant financial activities outside the submitted work.

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4. Intellectual Property.

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

5. Relationships not covered above.

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

Other: Anything not covered under the previous three boxes

Pending: The patent has been filed but not issued

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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)
Deborah

2. Surname (Last Name)
Kopansky-Giles

3. Date
18-May-2016

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name
O'Dane Brady

5. Manuscript Title
GLOBAL FORUM: SPINE RESEARCH AND TRAINING IN UNDERSERVED, LOW- AND MIDDLE-INCOME, CULTURALLY UNIQUE COMMUNITIES. THE WORLD SPINE CARE (WSC) CHARITY RESEARCH PROGRAM - CHALLENGES AND FACILITATORS

6. Manuscript Identifying Number (if you know it)

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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. Kopansky-Giles has nothing to disclose.

Evaluation and Feedback

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Section 1. Identifying Information

1. Given Name (First Name) Emre	2. Surname (Last Name) Acaroğlu	3. Date 18-May-2016
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name O'Dane Brady
5. Manuscript Title GLOBAL FORUM: SPINE RESEARCH AND TRAINING IN UNDERSERVED, LOW- AND MIDDLE-INCOME, CULTURALLY UNIQUE COMMUNITIES. THE WORLD SPINE CARE (WSC) CHARITY RESEARCH PROGRAM - CHALLENGES AND FACILITATORS		
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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

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Depuy Synthes	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Medtronic	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
AOSpine	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Zimmer Spine	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Stryker Spine	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Spine Society of Europe	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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Dr. Acaroğlu reports grants from Depuy Synthes, grants from Medtronic, personal fees from AOSpine, personal fees from Zimmer Spine, grants from Stryker Spine, grants from Spine Society of Europe, outside the submitted work; .

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Section 1. Identifying Information

1. Given Name (First Name)
Eric

2. Surname (Last Name)
Hurwitz

3. Date
18-May-2016

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name
O'Dane Brady

5. Manuscript Title
GLOBAL FORUM: SPINE RESEARCH AND TRAINING IN UNDERSERVED, LOW- AND MIDDLE-INCOME, CULTURALLY UNIQUE COMMUNITIES. THE WORLD SPINE CARE (WSC) CHARITY RESEARCH PROGRAM - CHALLENGES AND FACILITATORS

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If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
RAND Corporation	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Project consultant, expert panel member
World Spine Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Travel expenses reimbursed
Global Spine Care Initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Travel expenses reimbursed
National Institutes of Health	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Funds paid to my institution
National Institutes of Health	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Study section member
The Spine Journal	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Deputy Editor
Dr. Shawn Phelan	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	North Carolina project

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Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Southern California University of Health Sciences	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Project consultant
Western University of Health Sciences	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Project consultant

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. Hurwitz reports personal fees from RAND Corporation, other from World Spine Care, other from Global Spine Care Initiative, grants from National Institutes of Health, personal fees from National Institutes of Health, personal fees from The Spine Journal, personal fees from Dr. Shawn Phelan, personal fees from Southern California University of Health Sciences, personal fees from Western University of Health Sciences, outside the submitted work; .

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Section 1. Identifying Information

1. Given Name (First Name) Geoff	2. Surname (Last Name) Outerbridge	3. Date 18-May-2016
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name O'Dane Brady
5. Manuscript Title GLOBAL FORUM: SPINE RESEARCH AND TRAINING IN UNDERSERVED, LOW- AND MIDDLE-INCOME, CULTURALLY UNIQUE COMMUNITIES. THE WORLD SPINE CARE (WSC) CHARITY RESEARCH PROGRAM - CHALLENGES AND FACILITATORS		
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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.

Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
World Spine Care	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consultant Director of Clinics

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Dr. Outerbridge reports personal fees from World Spine Care, during the conduct of the study.

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Section 1. Identifying Information

1. Given Name (First Name) Maria	2. Surname (Last Name) Hondras	3. Date 18-May-2016
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name O'Dane Brady
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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

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.

Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Danish Foundation for Chiropractic Research and Postgraduate Education (grant no. 11/102)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
World Spine Care Global Spine Care Initiative	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
National Chiropractic Mutual Insurance Company (NCMIC) Foundation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Section 3. Relevant financial activities outside the submitted work.

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

ICMJE Form for Disclosure of Potential Conflicts of Interest

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?

- ☐ Yes, the following relationships/conditions/circumstances are present (explain below):
- ☒ No other relationships/conditions/circumstances that present a potential conflict of interest

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Section 6. Disclosure Statement

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Dr. Hondras reports grants from Danish Foundation for Chiropractic Research and Postgraduate Education (grant no. 11/102), grants from World Spine Care Global Spine Care Initiative, grants from National Chiropractic Mutual Insurance Company (NCMIC) Foundation, during the conduct of the study; .

Evaluation and Feedback

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4. Intellectual Property.

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)

Margareta

2. Surname (Last Name)

Nordin

3. Date

18-May-2016

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name

O'Dane Brady

5. Manuscript Title

GLOBAL FORUM: SPINE RESEARCH AND TRAINING IN UNDERSERVED, LOW- AND MIDDLE-INCOME, CULTURALLY UNIQUE COMMUNITIES. THE WORLD SPINE CARE (WSC) CHARITY RESEARCH PROGRAM - CHALLENGES AND FACILITATORS

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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. Nordin has nothing to disclose.

Evaluation and Feedback

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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)
O'Dane

2. Surname (Last Name)
Brady

3. Date
18-May-2016

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

5. Manuscript Title
GLOBAL FORUM: SPINE RESEARCH AND TRAINING IN UNDERSERVED, LOW- AND MIDDLE-INCOME, CULTURALLY UNIQUE COMMUNITIES. THE WORLD SPINE CARE (WSC) CHARITY RESEARCH PROGRAM - CHALLENGES AND FACILITATORS

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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

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Pacira Pharmaceuticals	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Palladian Health	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Global Spine Care Initiative	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
World Spine Care	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

ICMJE Form for Disclosure of Potential Conflicts of Interest

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

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I am a member and secretary of the World Spine Care Research Committee

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Section 6. Disclosure Statement

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Dr. Brady reports personal fees and non-financial support from Pacira Pharmaceuticals, personal fees and non-financial support from Palladian Health, personal fees from World Spine Care, outside the submitted work; and I am a member and secretary of the World Spine Care Research Committee..

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) Pierre	2. Surname (Last Name) Côté	3. Date 18-May-2016
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name O'Dane Brady
5. Manuscript Title GLOBAL FORUM: SPINE RESEARCH AND TRAINING IN UNDERSERVED, LOW- AND MIDDLE-INCOME, CULTURALLY UNIQUE COMMUNITIES. THE WORLD SPINE CARE (WSC) CHARITY RESEARCH PROGRAM - CHALLENGES AND FACILITATORS		
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Are there any relevant conflicts of interest? ☒ Yes ☐ No

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
National Judicial Institute	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Honorarium for lecture
Société des experts en évaluation médico-légale du Québec	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Honorarium for lecture
European Spine Society	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Honorarium for teaching
Government of Ontario - Ministry of Finance and Financial Services Commission of Ontario	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Research grant to my university
Canadian Memorial Chiropractic College	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Honorarium for lecture
Canadian Chiropractic Protective Association	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Expert report for medical-legal case

ICMJE Form for Disclosure of Potential Conflicts of Interest

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Canadian Institutes of Health Research - Canada Research Chair Program	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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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. Côté reports personal fees from National Judicial Institute , personal fees from Société des experts en évaluation médico-légale du Québec, personal fees from European Spine Society, grants from Government of Ontario - Ministry of Finance and Financial Services Commission of Ontario, personal fees from Canadian Memorial Chiropractic College, personal fees from Canadian Chiropractic Protective Association, grants from Canadian Institutes of Health Research - Canada Research Chair Program, outside the submitted work; .

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Sophia

2. Surname (Last Name)
da Silva

3. Date
18-May-2016

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name
O'Dane Brady

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Dr. da Silva 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) Stefan	2. Surname (Last Name) Eberspaecher	3. Date 18-May-2016
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name O'Dane Brady
5. Manuscript Title GLOBAL FORUM: SPINE RESEARCH AND TRAINING IN UNDERSERVED, LOW- AND MIDDLE-INCOME, CULTURALLY UNIQUE COMMUNITIES. THE WORLD SPINE CARE (WSC) CHARITY RESEARCH PROGRAM - CHALLENGES AND FACILITATORS		
6. Manuscript Identifying Number (if you know it) 		

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

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
World Spine Care	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

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. Eberspaecher reports personal fees and non-financial support from World Spine Care, outside the submitted work; .

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Scott

2. Surname (Last Name)
Haldeman

3. Date
18-May-2016

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name
O'Dane Brady

5. Manuscript Title
GLOBAL FORUM: SPINE RESEARCH AND TRAINING IN UNDERSERVED, LOW- AND MIDDLE-INCOME, CULTURALLY UNIQUE COMMUNITIES. THE WORLD SPINE CARE (WSC) CHARITY RESEARCH PROGRAM - CHALLENGES AND FACILITATORS

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

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Founder and president of World Spine Care, a public charity, and active in the research activities of this organization which is the subject of this manuscript.

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Timothy

2. Surname (Last Name)
Ford

3. Date
18-May-2016

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Corresponding Author's Name
O'Dane Brady

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Dr. Ford has nothing to disclose.

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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.

Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Botswana Ministry of Health	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Medtronic EMEA	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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Dr. Mmopelwa reports grants from Botswana Ministry of Health, grants from Medtronic EMEA, during the conduct of the study.

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