

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.

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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)
Hansel Gould

2. Surname (Last Name)
Cocjin

3. Date
20-May-2019

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

5. Manuscript Title
Wound Healing Using Locally Developed AquaVac System versus Vacuum Assisted Closure (V.A.C.™) System

6. Manuscript Identifying Number (if you know it)
JBJS-D-19-00125

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

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Section 4. Intellectual Property -- Patents & Copyrights

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Dr. Cocjin reports grants and personal fees from Philippine Council for Health Research & Development, through Department of Science & Technology Region IV, and Western Visayas Health Research & Development Consortium, during the conduct of the study; .

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Jose Maria	2. Surname (Last Name) Coruna	3. Date 20-May-2019
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Hansel Gould Cocjin
5. Manuscript Title Wound Healing Using Locally Developed AquaVac System versus Vacuum Assisted Closure (V.A.C.™) System		
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1. Given Name (First Name) Jair Kimri	2. Surname (Last Name) Jingco	3. Date 20-May-2019
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Hansel Gould Cocjin
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1. Given Name (First Name) Franklin Delano	2. Surname (Last Name) Tumaneng	3. Date 21-May-2019
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Hansel Gould Cocjin
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