

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Instructions

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)

Eleanor

2. Surname (Last Name)

Atkins

3. Date

21-November-2020

4. Are you the corresponding author?

Yes  No

5. Manuscript Title

Assessment of costs, utilisation and user satisfaction of a mobile theatre unit over a three-year period at a tertiary hospital

6. Manuscript Identifying Number (if you know it)

JHMHP-20-83

### 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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Dr. Atkins 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) Nadeem	2. Surname (Last Name) Mughal	3. Date 21-November-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Eleanor Atkins
5. Manuscript Title Assessment of costs, utilisation and user satisfaction of a mobile theatre unit over a three-year period at a tertiary hospital		
6. Manuscript Identifying Number (if you know it) JHMHP-20-83		

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

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Are there any relevant conflicts of interest?  Yes  No

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Dr. Mughal has nothing to disclose.

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### Section 1. Identifying Information

1. Given Name (First Name) Matthew	2. Surname (Last Name) Armon	3. Date 21-November-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Eleanor Atkins
5. Manuscript Title Assessment of costs, utilisation and user satisfaction of a mobile theatre unit over a three-year period at a tertiary hospital		
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## ICMJE Form for Disclosure of Potential Conflicts of Interest

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1. Given Name (First Name) Wissam	2. Surname (Last Name) Al-Jundi	3. Date 21-November-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Eleanor Atkins
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Dr. Al-Jundi has nothing to disclose.

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