

ICMJE DISCLOSURE FORM

Date: 14Apr2021

Your Name: Dr Gage Parr

Manuscript Title: Use of a Key Drivers Diagram in Preparation for COVID-19 at an Urban, Academic Anesthesiology Department

Manuscript number (if known): JHMHP-21-5-CL

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

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2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	
4	Consulting fees	None	

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13	Other financial or non-financial interests	None	

Please summarize the above conflict of interest in the following box:

None.

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Date: 14Apr2021

Your Name: Dr Geoffrey Ho

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Date: 14Apr2021

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