

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) Philasande	2. Surname (Last Name) Mkoko	3. Date 28-March-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Ashley Chin
5. Manuscript Title CARDIAC ARRHYTHMIAS IN LOW AND MIDDLE-INCOME COUNTRIES		
6. Manuscript Identifying Number (if you know it)		

Section 2. The Work Under Consideration for Publication

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Dr. Mkoko has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)

Ehete

2. Surname (Last Name)

Bahiru

3. Date

25-March-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Ashley Chin

5. Manuscript Title

CARDIAC ARRHYTHMIAS IN LOW- AND MIDDLE-INCOME COUNTRIES

6. Manuscript Identifying Number (if you know it)

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Section 1. Identifying Information

1. Given Name (First Name)

Olujimi

2. Surname (Last Name)

Ajjola

3. Date

28-March-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Ashley Chin

5. Manuscript Title

CARDIAC ARRHYTHMIAS IN LOW AND MIDDLE-INCOME COUNTRIES

6. Manuscript Identifying Number (if you know it)

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1. Given Name (First Name) Aime	2. Surname (Last Name) Bonny	3. Date 28-March-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Ashley Chin
5. Manuscript Title CARDIAC ARRHYTHMIAS IN LOW AND MIDDLE-INCOME COUNTRIES		
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Ashley

2. Surname (Last Name)

Chin

3. Date

28-March-2020

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5. Manuscript Title

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