ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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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)  Dimitrios
2. Surname (Last Name)  CHATZIS
3. Date  14-April-2020

4. Are you the corresponding author?  Yes  No

Corresponding Author’s Name
Violetta Raffay

5. Manuscript Title
Challenges in procedural sedation and analgesia in the Emergency Department

6. Manuscript Identifying Number (if you know it)
JECCM-2019-CEM-09(JECCM-19-212)

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Dr. CHATZIS has nothing to disclose.

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<table>
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<th>1. Given Name (First Name)</th>
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<td>Zlatko</td>
<td>FISER</td>
<td>14-April-2020</td>
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</table>

4. Are you the corresponding author? [ ] Yes [ ] No

- **Corresponding Author’s Name**: Violetta Raffay

5. Manuscript Title

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Dr. FISER has nothing to disclose.

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1. Given Name (First Name)  
   Kalliopi

2. Surname (Last Name)  
   MAGOUNAKI

3. Date  
   14-April-2020

4. Are you the corresponding author?  
   [ ] Yes  
   ✔ No

   Corresponding Author’s Name  
   Violetta Raffay

5. Manuscript Title  
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Dr. MAGOUNAKI has nothing to disclose.

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1. Given Name (First Name)  Georgios
2. Surname (Last Name)  MAVROVOUNIS
3. Date  14-April-2020

4. Are you the corresponding author?  [ ] Yes  [x] No

Corresponding Author’s Name
Violetta Raffay

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Section 1. Identifying Information

1. Given Name (First Name) 
   Maria

2. Surname (Last Name) 
   MERMIRI

3. Date 
   14-April-2020

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   Yes ☐ No ☑

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   Violetta Raffay

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Dr. MERMIRI has nothing to disclose.

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1. Given Name (First Name) Ioannis
2. Surname (Last Name) PANTAZOPOULOS
3. Date 14-April-2020
4. Are you the corresponding author? ☑ No
   Corresponding Author’s Name Violetta Raffay
5. Manuscript Title Challenges in procedural sedation and analgesia in the Emergency Department
6. Manuscript Identifying Number (if you know it) JECCM-2019-CEM-09(JECCM-19-212)

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Are there any relevant conflicts of interest? ☑ No

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PANTAZOPOULOS
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Report all sources of revenue paid (or promised to be paid) directly to you or your institution on your behalf over the 36 months prior to submission of the work. This should include all monies from sources with relevance to the submitted work, not just monies from the entity that sponsored the research. Please note that your interactions with the work's sponsor that are outside the submitted work should also be listed here. If there is any question, it is usually better to disclose a relationship than not to do so.

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Section 1. Identifying Information

1. Given Name (First Name)  
   Violetta

2. Surname (Last Name)  
   RAFFAY

3. Date  
   14-April-2020

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

5. Manuscript Title  
   Challenges in procedural sedation and analgesia in the Emergency Department

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1. Given Name (First Name)   Evangelia
2. Surname (Last Name)       SAMARA
3. Date                      14-April-2020
4. Are you the corresponding author?   [ ] Yes   ☑ No
Corresponding Author’s Name
Violetta Raffay

5. Manuscript Title
Challenges in procedural sedation and analgesia in the Emergency Department

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1. Given Name (First Name) Filip
2. Surname (Last Name) ŽUNIĆ
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Corresponding Author’s Name Violetta Raffay

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