

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Instructions

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#### 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)  
Balázs

2. Surname (Last Name)  
Kovács

3. Date  
02-April-2020

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name  
Sumeet K. Mittal

5. Manuscript Title  
Esophageal perforation: A retrospective report of outcomes at a single center

6. Manuscript Identifying Number (if you know it)  
AOE-20-17

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Dr. Kovács has nothing to disclose.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
Takahiro

2. Surname (Last Name)  
Masuda

3. Date  
02-April-2020

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name  
Sumeet K. Mittal

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

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### Section 1. Identifying Information

1. Given Name (First Name) Ross	2. Surname (Last Name) Bremner	3. Date 02-April-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Sumeet K. Mittal
5. Manuscript Title Esophageal perforation: A retrospective report of outcomes at a single center		
6. Manuscript Identifying Number (if you know it) AOE-20-17		

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Dr. Bremner has nothing to disclose.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Michael	2. Surname (Last Name) Smith	3. Date 02-April-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Sumeet K. Mittal
5. Manuscript Title Esophageal perforation: A retrospective report of outcomes at a single center		
6. Manuscript Identifying Number (if you know it) AOE-20-17		

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Dr. Smith has nothing to disclose.

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### Section 1. Identifying Information

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4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Sumeet K. Mittal
5. Manuscript Title Esophageal perforation: A retrospective report of outcomes at a single center		
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**Royalties:** Funds are coming in to you or your institution due to your patent



## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) A. Samad	2. Surname (Last Name) Hashimi	3. Date 02-April-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Sumeet K. Mittal
5. Manuscript Title Esophageal perforation: A retrospective report of outcomes at a single center		
6. Manuscript Identifying Number (if you know it) AOE-20-17		

### 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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Are there any relevant conflicts of interest?  Yes  No

### Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  Yes  No

## ICMJE Form for Disclosure of Potential Conflicts of Interest

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Chirag	2. Surname (Last Name) Patel	3. Date 02-April-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Sumeet K. Mittal
5. Manuscript Title Esophageal perforation: A retrospective report of outcomes at a single center		
6. Manuscript Identifying Number (if you know it) AOE-20-17		

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Are there any relevant conflicts of interest?  Yes  No

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Are there any relevant conflicts of interest?  Yes  No

### Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  Yes  No

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
Shair

2. Surname (Last Name)  
Ahmed

3. Date  
02-April-2020

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name  
Sumeet K. Mittal

5. Manuscript Title  
Esophageal perforation: A retrospective report of outcomes at a single center

6. Manuscript Identifying Number (if you know it)  
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Dr. Ahmed has nothing to disclose.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
Sumeet

2. Surname (Last Name)  
Mittal

3. Date  
02-April-2020

4. Are you the corresponding author?  Yes  No

5. Manuscript Title  
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