

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

The purpose of this form is to provide readers of your manuscript with information about your other interests that could influence how they receive and understand your work. The form is designed to be completed electronically and stored electronically. It contains programming that allows appropriate data display. Each author should submit a separate form and is responsible for the accuracy and completeness of the submitted information. The form is in six parts.

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2. The work under consideration for publication.

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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)
KS

2. Surname (Last Name)
RAVINDRANATH

3. Date
18-August-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
ABDUL REHAMAN

5. Manuscript Title
ACUTE CORONARY SYNDROME WITH RARE COINCIDENCE OF BILATERAL CORONARYARTERY-PULMONARY ARTERY
FISTULAS A CASE REPORT

6. Manuscript Identifying Number (if you know it)
JXYM-20-82

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Are there any relevant conflicts of interest? Yes No

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Dr. RAVINDRANATH has nothing to disclose.

Evaluation and Feedback

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Section 1. Identifying Information

1. Given Name (First Name)

ABDUL

2. Surname (Last Name)

REHAMAN

3. Date

18-August-2020

4. Are you the corresponding author?

Yes No

5. Manuscript Title

ACUTE CORONARY SYNDROME WITH RARE COINCIDENCE OF BILATERAL CORONARY ARTERY-PULMONARY ARTERY FISTULAS A CASE REPORT

6. Manuscript Identifying Number (if you know it)

JXYM-20-82

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Dr. REHAMAN has nothing to disclose.

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HARMANPREET

2. Surname (Last Name)
SINGH

3. Date
18-August-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
ABDUL REHAMAN

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Dr. SINGH has nothing to disclose.

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SATISH

2. Surname (Last Name)
KARUR

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18-August-2020

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Yes No

Corresponding Author's Name
ABDUL REHAMAN

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