

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)
Wael

2. Surname (Last Name)
AlJaroudi

3. Date
23-September-2016

4. Are you the corresponding author? Yes No

5. Manuscript Title
A case of asymptomatic patient with right ventricular dilatation

6. Manuscript Identifying Number (if you know it)
JXYM-2016-9

Section 2. The Work Under Consideration for Publication

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Dr. AlJaroudi 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) Firas El	2. Surname (Last Name) Bitar	3. Date 23-September-2016
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Wael AlJaroudi
5. Manuscript Title A case of asymptomatic patient with right ventricular dilatation		
6. Manuscript Identifying Number (if you know it) JXYM-2016-9		

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest? Yes No

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Dr. Bitar has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Ghida	2. Surname (Last Name) Mouharram	3. Date 23-September-2016
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Wael AlJaroudi
5. Manuscript Title A case of asymptomatic patient with right ventricular dilatation		
6. Manuscript Identifying Number (if you know it) JXYM-2016-9		

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Dr. Mouharram has nothing to disclose.

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1. Given Name (First Name)

Jihad

2. Surname (Last Name)

Daher

3. Date

23-September-2016

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Wael AlJaroudi

5. Manuscript Title

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6. Manuscript Identifying Number (if you know it)

JXYM-2016-9

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Dr. El-Khoury has nothing to disclose.

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