

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)
Amir

2. Surname (Last Name)
Shabaka

3. Date
16-February-2019

4. Are you the corresponding author? Yes No

5. Manuscript Title
Symptomatic annular pancreas in an adult: an unusual cause of abdominal pain

6. Manuscript Identifying Number (if you know it)

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Dr. Shabaka 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) Patricia	2. Surname (Last Name) Mateos-Sánchez	3. Date 16-February-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Amir Shabaka
5. Manuscript Title Symptomatic annular pancreas in an adult: an unusual cause of abdominal pain		
6. Manuscript Identifying Number (if you know it)		

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. Mateos-Sánchez has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
Blanca

2. Surname (Last Name)
Amador-Borrero

3. Date
16-February-2019

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Amir Shabaka

5. Manuscript Title
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1. Given Name (First Name) José	2. Surname (Last Name) Antolín	3. Date 16-February-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Amir Shabaka
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