

## 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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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)

Gerald

2. Surname (Last Name)

Cox

3. Date

12-November-2020

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name

Dr. Sammy Saab, MD, MPH

5. Manuscript Title

CLOSTRIDIUM VENTRICULI INFECTION MAY BE ASSOCIATED WITH RECTOSIGMOID ADENOCARCINOMA: A CASE REPORT

6. Manuscript Identifying Number (if you know it)

DMR-20-76-R1

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Dr. Cox has nothing to disclose.

### Evaluation and Feedback

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)

Sammy

2. Surname (Last Name)

Saab

3. Date

12-November-2020

4. Are you the corresponding author?

Yes  No

5. Manuscript Title

CLOSTRIDIUM VENTRICULI INFECTION MAY BE ASSOCIATED WITH RECTOSIGMOID ADENOCARCINOMA: A CASE REPORT

6. Manuscript Identifying Number (if you know it)

DMR-20-76-R1

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1. Given Name (First Name)

Conrad

2. Surname (Last Name)

Cox

3. Date

12-November-2020

4. Are you the corresponding author?

Yes

No

Corresponding Author's Name

Dr. Sammy Saab, MD, MPH

5. Manuscript Title

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1. Given Name (First Name) Christian	2. Surname (Last Name) Jackson	3. Date 12-November-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Dr. Sammy Saab, MD, MPH
5. Manuscript Title CLOSTRIDIUM VENTRICULI INFECTION MAY BE ASSOCIATED WITH RECTOSIGMOID ADENOCARCINOMA: A CASE REPORT		
6. Manuscript Identifying Number (if you know it) DMR-20-76-R1		

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