

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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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)
Pieter

2. Surname (Last Name)
Dries

3. Date
17-December-2020

4. Are you the corresponding author? Yes No

5. Manuscript Title
Gastrointestinal hemorrhage from a duodenal varix rupture: a case report

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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Section 4. Intellectual Property -- Patents & Copyrights

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Dr. Dries has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) *Michiel* 2. Surname (Last Name) *de Maat* 3. Date *17/12/2020*
4. Are you the corresponding author? Yes No

5. Manuscript Title

Gastrointestinal hemorrhage from a duodenal varix rupture

6. Manuscript Identifying Number (if you know it)

DMR-20-86

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest? Yes

No

Section 4.

Intellectual Property -- Patents & Copyrights

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Bart	2. Surname (Last Name) De Schepper	3. Date 16-December-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Pieter Dries
5. Manuscript Title Gastrointestinal hemorrhage from a duodenal varix rupture: a case report		
6. Manuscript Identifying Number (if you know it)		

Section 2. The Work Under Consideration for Publication

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Dr. De Schepper has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Olivier	2. Surname (Last Name) D'Archambeau	3. Date 17-December-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Pieter Dries
5. Manuscript Title Gastrointestinal hemorrhage from a duodenal varix rupture: a case report		
6. Manuscript Identifying Number (if you know it)		

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Section 1. Identifying Information

1. Given Name (First Name)

Guy

2. Surname (Last Name)

Hubens

3. Date

28-December-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Pieter Dries

5. Manuscript Title

Gastrointestinal hemorrhage from a duodenal varix rupture: a case report

6. Manuscript Identifying Number (if you know it)

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Gastrointestinal hemorrhage from a duodenal varix rupture: a case report
6. Manuscript Identifying Number (if you know it)

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Dr. Beunis has nothing to disclose.

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