ICMJE DISCLOSURE FORM

| Date: | 12/4/2022 |
|---------|--|
| Your Na | e:_Dr. Ryan Anderson |
| Manusc | t Title: Boerhaave Syndrome Complicated by Gastroesophageal Junction Outlet Obstruction: A Case Report |
| Manusc | t number (if known): |
| | |
| | |

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

The following questions apply to the author's relationships/activities/interests as they relate to the <u>current</u> <u>manuscript only</u>.

The author's relationships/activities/interests should be <u>defined broadly</u>. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

| | | Name all entities with whom you have this relationship or indicate none (add rows as needed) | Specifications/Comments (e.g., if payments were made to you or to your institution) |
|---|---|--|---|
| | | Time frame: Since the initial | planning of the work |
| 1 | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item. | XNone | |
| | | Time frame: past | 36 months |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | XNone | |
| 3 | Royalties or licenses | XNone | |
| 4 | Consulting fees | _XNone | |

| 6 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events Payment for expert testimony | _XNoneXNone | |
|----|---|-------------|--|
| 7 | Support for attending meetings and/or travel | XNone | |
| 8 | Patents planned, issued or pending | XNone | |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | _XNone | |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | _XNone | |
| 11 | Stock or stock options | XNone | |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | XNone | |
| 13 | Other financial or non- financial interests | XNone | |
| | Please summarize the above conflict of interest in the following box: None. | | |

Please place an "X" next to the following statement to indicate your agreement:

_X__ I certify that I have answered every question and have not altered the wording of any of the questions on this form.

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| Date | e:12/4/2022 | | |
|-------------------------|---|---|--|
| You | r Name:_Dr. Jason Budde | | |
| Mar | nuscript Title: Boerhaave Syn | ndrome Complicated by Ga | astroesophageal Junction Outlet Obstruction: A Case Report |
| Mar | Manuscript number (if known): | | |
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| related to trelated The | ted to the content of your n ies whose interests may be ansparency and does not no tionship/activity/interest, it | nanuscript. "Related" mea affected by the content of ecessarily indicate a bias. is preferable that you do | relationships/activities/interests listed below that are ns any relation with for-profit or not-for-profit third f the manuscript. Disclosure represents a commitment If you are in doubt about whether to list a so. os/activities/interests as they relate to the current |
| to th | • - | nsion, you should declare a | defined broadly. For example, if your manuscript pertains all relationships with manufacturers of antihypertensive he manuscript. |
| | In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months. | | |
| | | Name all entities with | Specifications/Comments |
| | | whom you have this | (e.g., if payments were made to you or to your |
| | | relationship or indicate | institution) |
| | | none (add rows as | · |
| | | needed) | |
| | | Time frame: Since the initia | l planning of the work |
| 1 | All support for the present | XNone | |
| | manuscript (e.g., funding, | | |
| | provision of study materials, | | |
| | medical writing, article | | |
| | processing charges, etc.) | | |
| | No time limit for this item. | | |
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| | | Time frame: past | 36 months |
| 2 | Grants or contracts from | XNone | |
| | any entity (if not indicated | | |
| 2 | in item #1 above). | V. None | |
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| You Mar | e:12/4/2022 r Name:_Dr. Timothy Stever nuscript Title: Boerhaave Syn nuscript number (if known): | ns ndrome Complicated by Ga | _ istroesophageal Junction Outlet Obstruction: A Case Report |
|-----------------------|---|---|---|
| rela part to ti | ted to the content of your miles whose interests may be | nanuscript. "Related" mear affected by the content of ecessarily indicate a bias. I | relationships/activities/interests listed below that are any relation with for-profit or not-for-profit third the manuscript. Disclosure represents a commitment f you are in doubt about whether to list a so. |
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| to the med | ne epidemiology of hyperter lication, even if that medica | nsion, you should declare a tion is not mentioned in th port for the work reported | efined broadly. For example, if your manuscript pertains all relationships with manufacturers of antihypertensive manuscript. in this manuscript without time limit. For all other items, |
| | | Name all entities with | Specifications/Comments |
| | | whom you have this relationship or indicate none (add rows as needed) | (e.g., if payments were made to you or to your institution) |
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Time frame: past 36 months

X__None

_X__None

_None

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Grants or contracts from any entity (if not indicated

in item #1 above).
Royalties or licenses

Consulting fees

| 6 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events Payment for expert testimony | _XNoneXNone | |
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