

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

The purpose of this form is to provide readers of your manuscript with information about your other interests that could influence how they receive and understand your work. The form is designed to be completed electronically and stored electronically. It contains programming that allows appropriate data display. Each author should submit a separate form and is responsible for the accuracy and completeness of the submitted information. The form is in six parts.

1. Identifying information.

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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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Royalties: Funds are coming in to you or your institution due to your patent

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Amram	2. Surname (Last Name) Kupietzky	3. Date 02-December-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Arie Ariche
5. Manuscript Title Collateral damage- A case of pylephlebitis in the COVID-19 era		
6. Manuscript Identifying Number (if you know it) HBSN-20-705		

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 6. Disclosure Statement

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Dr. Kupietzky 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)

Hillel

2. Surname (Last Name)

Lehmann

3. Date

10-December-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Arie Arich

5. Manuscript Title

Collateral damage- A case of pylephlebitis in the COVID-19 era

6. Manuscript Identifying Number (if you know it)

HBSN-20-705

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Dr. Lehmann has nothing to disclose.

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1. Given Name (First Name) Nurith	2. Surname (Last Name) Hiller	3. Date 10-December-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Arie Ariche
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Arie

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Ariche

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