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Date: <u>September 26, 2022</u>		
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Manuscript Title: Recurrent Ver	ntricular Tachycardia in a l	Patient with COVID-19 Vaccine-associated
Ayocarditis: a case report		
Vanuscript number (if known):	ATM-22	<u>-4164</u>
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	speakers bureaus, manuscript writing or educational events	
6	Payment for expert testimony	_xNone
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	x_None
11	Stock or stock options	xNone
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	x_None
13	Other financial or non- financial interests	x_None

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.

Date: 09/27/2022

Your Name: Ilan Goldenberg Manuscript Title: <u>Recurrent Ventricular Tachycardia in a Patient with COVID-19 Vaccine=associated Myocarditis: a case</u> report

Manuscript number (if known): ATM-22-4164

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.

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

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3	Royalties or licenses	XNone	
4	Consulting fees	X_None	

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11	Stock or stock options	XNone	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other	XNone	
	services		
13	Other financial or non- financial interests	XNone	

None

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 Date: September 27, 2022

 Your Name: Valentina Kutyifa

 Manuscript Title: Recurrent Ventricular Tachycardia in a Patient with COVID-19 Vaccine-associated

 Myocarditis: a case report

 Manuscript number (if known): ATM-22-4164

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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 initial planning of the work x None 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. Time frame: past 36 months Grants er contracts from x None 2 any entity (if not indicated in item #1 above). 3 Royalties or licenses x_None 4 Consulting fees x None

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11	Stock or stock options	xNone	
12	Receipt of equipment,	xNone	
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13	Other financial or non- financial interests	x_None	

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Date: September 20, 2022

Your Name: Mehmet K. Aktas Manuscript Title: <u>Recurrent Ventricular Tachycardia in a Patient with COVID-19 Vaccine-associated Myocarditis: a case</u> report

Manuscript number (if known): ATM-22-4164

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Date: September 20, 2022

Your Name: <u>Spencer Rosero</u> Manuscript Title: Recurrent Ventricular Tachycardia in a Patient with COVID-19 Vaccine-associated Myocarditis: a case report

Manuscript number (if known): ATM-22-4164

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3	Royalties or licenses	x_None	
4	Consulting fees	xNone	

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	services	;	
13	Other financial or non-	x_None	
	financial interests		

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.

Date: September 25, 2022		
Your Name: <u>Hakeem Ayinde</u>		
Manuscript Title: Recurrent Ventricular Tachycardia in a Patient	with COVID-19 Vaccine-associated	
Myocarditis: a case report		
Manuscript number (if known): ATM-22-4164		

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3	Royalties or licenses	xNone	
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13	Other financial or non- financial interests	x_None	

None

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

Date: September 27, 2022

Your Name: David T. Huang Manuscript Title: <u>Recurrent Ventricular Tachycardia in a Patient with COVID-19 Vaccine-associated Myocarditis: a case</u> report

Manuscript number (if known): ATM-22-4164

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Please summarize the above conflict of interest in the following box:

None

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