

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Instructions

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
Shokoufeh

2. Surname (Last Name)  
Hajsadeghi

3. Date  
25-June-2020

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name  
Farzad Dashti

5. Manuscript Title

A rare manifestation of extrapulmonary tuberculosis; left ventricular cardiac tuberculoma in an HIV infected male

6. Manuscript Identifying Number (if you know it)

CDT-20-446

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Dr. Hajsadeghi has nothing to disclose.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)

Aida

2. Surname (Last Name)

Iranpour

3. Date

25-June-2020

4. Are you the corresponding author?

 Yes No

Corresponding Author's Name

Farzad Dashti

5. Manuscript Title

A rare manifestation of extrapulmonary tuberculosis; left ventricular cardiac tuberculoma in an HIV infected male

6. Manuscript Identifying Number (if you know it)

CDT-20-446

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Dr. Iranpour has nothing to disclose.

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### Section 1. Identifying Information

1. Given Name (First Name) saeed	2. Surname (Last Name) kalantari	3. Date 25-June-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Farzad Dashti
5. Manuscript Title A rare manifestation of extrapulmonary tuberculosis; left ventricular cardiac tuberculoma in an HIV infected male		
6. Manuscript Identifying Number (if you know it) CDT-20-446		

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Farzad

2. Surname (Last Name)  
Dashti

3. Date  
25-June-2020

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