

## ICMJE DISCLOSURE FORM

Date: September 4, 2021

Your Name:     Zaili Zhang    

Manuscript Title:     Phlegmonous Esophagitis with Mediastinal Abscess Caused by Pharyngeal Abscess: A Case description    

Manuscript number (if known):     QIMS-21-573-R1    

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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		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)
<b>Time frame: Since the initial planning of the work</b>			
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<b>Time frame: past 36 months</b>			
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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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Your Name: Meiru Jiang

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