

## ICMJJE DISCLOSURE FORM

Date: April 16, 2021

Your Name: Zaili Zhang

Manuscript Title: Delayed Aortoesophageal and Tracheoesophageal Fistulas Secondary to Foreign Body Ingestion: A Case Report

Manuscript number (if known): APM-21-562

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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9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
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**Please summarize the above conflict of interest in the following box:**

None

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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: Zhenglun Yu

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Date: April 16, 2021

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