

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.

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2. The work under consideration for publication.

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4. Intellectual Property.

This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

5. Relationships not covered above.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

Koral

2. Surname (Last Name)

Shah

3. Date

23-December-2020

4. Are you the corresponding author?

Yes No

5. Manuscript Title

Progression of Aortic Intramural Hematoma with Associated Penetrating Aortic Ulcers with Medical Management Requiring Surgical Intervention Case Report

6. Manuscript Identifying Number (if you know it)

JECCM-20-153

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest? Yes No

Section 3. Relevant financial activities outside the submitted work.

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Ms. Shah 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) Hamna	2. Surname (Last Name) Ahmad	3. Date 23-December-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Koral Shah
5. Manuscript Title Progression of Aortic Intramural Hematoma with Associated Penetrating Aortic Ulcers with Medical Management Requiring Surgical Intervention		
6. Manuscript Identifying Number (if you know it) JECCM-20-153		

Section 2. The Work Under Consideration for Publication

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Dr. Ahmad 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) Jonathan	2. Surname (Last Name) Wilson	3. Date 29-December-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Koral Shah
5. Manuscript Title Progression of Aortic Intramural Hematoma with Associated Penetrating Aortic Ulcers With Medical Management Requiring Surgical Intervention		
6. Manuscript Identifying Number (if you know it) JECCM-20-153		

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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Are there any relevant conflicts of interest? Yes No

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes No

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Dr. Wilson 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) Mala	2. Surname (Last Name) Goyal	3. Date 23-December-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Komal Shah
5. Manuscript Title Progression of Aortic Intramural Hematoma with Associated Penetrating Aortic Ulcers With Medical Management Requiring Surgical Intervention		
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Dr. Goyal has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Sarah	2. Surname (Last Name) Dubin	3. Date 23-December-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Koral Shah
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