

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.

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Royalties: Funds are coming in to you or your institution due to your patent

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Michael	2. Surname (Last Name) Zink	3. Date 08-March-2021
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Vanessa Stadlbauer
5. Manuscript Title Cerebral air embolism after flushing a radial arterial line: A case report		
6. Manuscript Identifying Number (if you know it) JECCM-20-174		

Section 2. The Work Under Consideration for Publication

Did you or your institution **at any time** receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

Are there any relevant conflicts of interest? Yes No

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Are there any relevant conflicts of interest? Yes No

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Section 6. Disclosure Statement

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Dr. Zink 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)

Gilbert

2. Surname (Last Name)

Hainzl

3. Date

08-March-2021

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Vanessa Stadlbauer

5. Manuscript Title

Cerebral air embolism after flushing a radial arterial line: A case report

6. Manuscript Identifying Number (if you know it)

JECCM-20-174

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Dr. Hainzl has nothing to disclose.

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1. Given Name (First Name) Alfred	2. Surname (Last Name) Maier	3. Date 08-March-2021
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Vanessa Stadlbauer
5. Manuscript Title Cerebral air embolism after flushing a radial arterial line: A case report		
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1. Given Name (First Name)

Vanessa

2. Surname (Last Name)

Stadlbauer

3. Date

08-March-2021

4. Are you the corresponding author?

Yes No

5. Manuscript Title

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