ICMJE DISCLOSURE FORM

Date:03/16/2021	
Your Name:Michael Pietrangelo	
Manuscript Title: <u>"How COVID Broke My</u>	Heart: A Case Report of Tamponade after SARS-CoV-2 Infection'
Manuscript number (if known):J	ECCM-21-11-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.

The following questions apply to the author's relationships/activities/interests as they relate to the <u>current</u> manuscript only.

The author's relationships/activities/interests should be <u>defined broadly</u>. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

		Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initial	Specifications/Comments (e.g., if payments were made to you or to your institution)
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	_x_None	
3	Grants or contracts from any entity (if not indicated in item #1 above). Royalties or licenses	Time frame: past _x_Nonex_None	36 months
4	Consulting fees	x_None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	_xNone	
6	Payment for expert testimony	x_None	
7	Support for attending meetings and/or travel	xNone	
8	Patents planned, issued or pending	xNone	
9	Participation on a Data Safety Monitoring Board or Advisory Board	xNone	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	xNone	
11	Stock or stock options	_xNone	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	xNone	
13	Other financial or non- financial interests	xNone	
Please summarize the above conflict of interest in the following box: 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.

ICMJE DISCLOSURE FORM

Dat	e:03/16/2021		
You	r Name:Jeremy Hess	<u> </u>	
Ma	nuscript Title:_"How COVID B	roke My Heart: A Case Repo	ort of Tamponade after SARS-CoV-2 Infection"
Ma	nuscript number (if known):_	JECCM-21-11-R1	
rela par to t	ited to the content of your m ties whose interests may be a	anuscript. "Related" means affected by the content of the cessarily indicate a bias. If y	ationships/activities/interests listed below that are any relation with for-profit or not-for-profit third ne manuscript. Disclosure represents a commitment you are in doubt about whether to list a
	following questions apply to nuscript only.	the author's relationships/a	activities/interests as they relate to the <u>current</u>
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		Name all entities with	Specifications/Comments
		whom you have this	(e.g., if payments were made to you or to your
		relationship or indicate	institution)
		none (add rows as needed)	
		Time frame: Since the initial	planning of the work
1	All support for the present	_xNone	
	manuscript (e.g., funding,		
	provision of study materials,		
	provision of study materials, medical writing, article		
	provision of study materials, medical writing, article processing charges, etc.)		
	provision of study materials, medical writing, article		
	provision of study materials, medical writing, article processing charges, etc.)		
	provision of study materials, medical writing, article processing charges, etc.)		
	provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	Time frame: past	36 months
2	provision of study materials, medical writing, article processing charges, etc.) No time limit for this item. Grants or contracts from any	Time frame: past _xNone	36 months
2	provision of study materials, medical writing, article processing charges, etc.) No time limit for this item. Grants or contracts from any entity (if not indicated in		36 months
	provision of study materials, medical writing, article processing charges, etc.) No time limit for this item. Grants or contracts from any entity (if not indicated in item #1 above).	_xNone	36 months
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	provision of study materials, medical writing, article processing charges, etc.) No time limit for this item. Grants or contracts from any entity (if not indicated in item #1 above).	_xNone	36 months

Consulting fees

_x_None

_x__None

	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events			
6	Payment for expert testimony	x_None		
7	Support for attending meetings and/or travel	xNone		
8	Patents planned, issued or pending	xNone		
9	Participation on a Data Safety Monitoring Board or	xNone		
10	Advisory Board	None Comments		
10	Leadership or fiduciary role in other board, society,	xNone		
	committee or advocacy group, paid or unpaid			
11	Stock or stock options	_xNone		
12	Receipt of equipment,	xNone		
	materials, drugs, medical			
	writing, gifts or other services			
13	Other financial or non-	xNone		
	financial interests			
	Please summarize the above conflict of interest in the following box:			
	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.

ICMJE DISCLOSURE FORM

Date: 03/16/2021
our Name: Lauren Ellis
Manuscript Title:"How COVID Broke My Heart: A Case Report of Tamponade after SARS-CoV-2 Infection"
Nanuscript number (if known):JECCM-21-11-R1
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		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	_xNone	
3	Royalties or licenses	x_None	
4	Consulting fees	x_None	
5		_xNone	

				_
	Payment or honoraria for			
	lectures, presentations,			
	speakers bureaus,			
	manuscript writing or			
6	educational events Payment for expert	x_None		
	testimony			_
				_
7	Support for attending meetings and/or travel	xNone		
8	Patents planned, issued or	xNone		
	pending			
9	Participation on a Data	x_None		
	Safety Monitoring Board or Advisory Board			
10	Leadership or fiduciary role	x None		
10	in other board, society,			_
	committee or advocacy			
	group, paid or unpaid			
11	Stock or stock options	_xNone		
4.2		N.		
12	Receipt of equipment, materials, drugs, medical	xNone		
	writing, gifts or other			
	services			
13	Other financial or non-	x None		
	financial interests			
Plea	ase summarize the above cor	nflict of interest in the follo	wing box:	
١	None			
- 1				

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