

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Francisco	2. Surname (Last Name) Armillas-Canseco	3. Date 10-January-2021
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Emmanuel Peña-Gomez Portugal
5. Manuscript Title Spontaneous mediastinal emphysema in a non-intubated patient with COVID-19 related pneumonia: "Case Report"		
6. Manuscript Identifying Number (if you know it) MED-21-5		

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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Dr. Armillas-Canseco 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)
Pablo

2. Surname (Last Name)
León-Cabral

3. Date
10-January-2021

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name

Emmanuel Peña Gomez-Portugal

5. Manuscript Title

Spontaneous mediastinal emphysema in a non-intubated patient with COVID-19 related pneumonia: "Case Report"

6. Manuscript Identifying Number (if you know it)

MED-21-5

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Dr. León-Cabral has nothing to disclose.

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1. Given Name (First Name)

Andrea Carolina

2. Surname (Last Name)

Tello-Mercado

3. Date

10-January-2021

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name

Emmanuel Peña Gomez-Portugal

5. Manuscript Title

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Emmanuel

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Peña Gomez-Portugal

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