

## ICMJE DISCLOSURE FORM

Date: 14/03/2023  
 Your Name: Marcello Albanesi  
 Manuscript Title: A challenge in emergency department: A case report of Oxaliplatin-induced Kounis syndrome  
 Manuscript number (if known): PCM-22-51-R2

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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<b>Time frame: past 36 months</b>			
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3	Royalties or licenses	N/one/	
4	Consulting fees	None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	___ None	
6	Payment for expert testimony	___ None	
7	Support for attending meetings and/or travel	___ None	
8	Patents planned, issued or pending	___ None	
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10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	___ None	
11	Stock or stock options	___ None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	___ None	
13	Other financial or non-financial interests	___ None	

**Please summarize the above conflict of interest in the following box:**

No conflicts of interest

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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.

## ICMJJE DISCLOSURE FORM

Date: 15/03/2023  
 Your Name: Raffaele Didonna  
 Manuscript Title: A challenge in emergency department: A case report of Oxaliplatin-induced Kounis syndrome  
 Manuscript number (if known): PCM-22-51-R2

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## ICMJJE DISCLOSURE FORM

Date: 15/03/2023  
 Your Name: Nada Chaoul  
 Manuscript Title: A challenge in emergency department: A case report of Oxaliplatin-induced Kounis syndrome  
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## ICMJE DISCLOSURE FORM

Date: 15/03/2023

Your Name: Federica Mazzone

Manuscript Title: A challenge in emergency department: A case report of Oxaliplatin-induced Kounis syndrome

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## ICMJE DISCLOSURE FORM

Date: 15/03/2023 \_\_\_\_\_

Your Name: Marco Zurlo \_\_\_\_\_

Manuscript Title: A challenge in emergency department: A case report of Oxaliplatin-induced Kounis syndrome

Manuscript number (if known):\_ PCM-22-51-R2 \_\_\_\_\_

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## ICMJE DISCLOSURE FORM

Date: 15/03/2023

Your Name: Fortunato Iacovelli \_\_\_\_\_

Manuscript Title: A challenge in emergency department: A case report of Oxaliplatin-induced Kounis syndrome

Manuscript number (if known): PCM-22-51-R2 \_\_\_\_\_

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## ICMJE DISCLOSURE FORM

Date: 15/03/2023  
 Your Name: Francesco Monitillo  
 Manuscript Title: A challenge in emergency department: A case report of Oxaliplatin-induced Kounis syndrome  
 Manuscript number (if known): PCM-22-51-R2

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## ICMJE DISCLOSURE FORM

**Date:** 15/03/2023

**Your Name:** Flavio Rimmaudo

**Manuscript Title:** A challenge in emergency department: A case report of Oxaliplatin-induced Kounis syndrome

**Manuscript number (if known):** PCM-22-51-R2

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## ICMJE DISCLOSURE FORM

Date: 15/03/2023

Your Name: Tucci Marco

Manuscript Title: A challenge in emergency department: A case report of Oxaliplatin-induced Kounis syndrome

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Date: 15/03/2023  
 Your Name: Mauro Cives  
 Manuscript Title: A challenge in emergency department: A case report of Oxaliplatin-induced Kounis syndrome  
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## ICMJE DISCLOSURE FORM

Date: 15/03/2023 \_\_\_\_\_

Your Name: Camillo Porta \_\_\_\_\_

Manuscript Title: A challenge in emergency department: A case report of Oxaliplatin-induced Kounis syndrome

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## ICMJE DISCLOSURE FORM

Date: 15/03/2023

Your Name: Vito Procacci

Manuscript Title: A challenge in emergency department: A case report of Oxaliplatin-induced Kounis syndrome

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