Date:	14/03/2023
Your Name:	Marcello Albanesi
Manuscript Tit	le: A challenge in emergency department: A case report of Oxaliplatin-induced Kounis syndrome
Manuscript nu	mber (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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		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.	None	
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	N/one/	
4	Consulting fees	None	

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

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

No conflicts of interest		

Please place an "X" next to the following statement to indicate your agreement:

☑ I certify that I have answered every question and have not altered the wording of any of the questions on this form.

Date:	15/03/2023	
Your Name:	Raffaele Didonna	
Manuscript Tit	tle: A challenge in eme	rgency department: A case report of Oxaliplatin-induced Kounis syndrome
Manuscript nu	umber (if known): PCI	M-22-51-R2

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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	None	
	manuscript (e.g., funding,		
	provision of study materials,		
	medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
		Time frame: past	36 months
2	Grants or contracts from	None	
	any entity (if not indicated		
	in item #1 above).		
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	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	
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	
	se summarize the above co	nflict of interest in the follo	owing box:

_X_I certify that I have answered every question and have not altered the wording of any of the questions on this form.

Date:	5/03/2023	_
Your Name:	ada Chaoul	_
Manuscript Tit	challenge in emergency department: A case report of Oxaliplatin-induced Kounis syndro	me
Manuscript nu	r (if known): PCM-22-51-R2	

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	Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
All account from the country		planning of the work
	None	
processing charges, etc.)		
No time limit for this item.		
	Time frame: past	36 months
Grants or contracts from	None	
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Royalties or licenses	N/one/	
Consulting foos	None	
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	No time limit for this item.	whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initial 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. Time frame: past Grants or contracts from any entity (if not indicated in item #1 above). Royalties or licenses whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initial 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	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	
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		

Please place an "X" next to the following statement to indicate your agreement:

I certify that I have answered every question and have not altered the wording of any of the questions on this form.

Date:_15/03/2023	
Your Name: Federica Mazzone _	
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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2	Grants or contracts from any entity (if not indicated in item #1 above).	Time frame: pastNone	36 months
3	Royalties or licenses	N/one/	
4	Consulting fees	None	

	Payment or honoraria for lectures, presentations, speakers bureaus,	None		
	manuscript writing or			
6	educational events Payment for expert	None		
	testimony			
7	Support for attending meetings and/or travel	None		
8	Patents planned, issued or	None		
	pending			
9	Participation on a Data	None		
,	Safety Monitoring Board or			
	Advisory Board			
10	Leadership or fiduciary role	None		
	in other board, society,			
	committee or advocacy group, paid or unpaid			
11	Stock or stock options	None		
12	Receipt of equipment, materials, drugs, medical	None		
	writing, gifts or other			
	services			
13	Other financial or non-	None		
	financial interests			
Ple	ase summarize the above co	nflict of interest in the follo	owing box:	
	No conflicts of interest			
	to connects of interest			

_X_I certify that I have answered every question and have not altered the wording of any of the questions on this 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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3	Royalties or licenses	N/one/	
4	Consulting fees	None	

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

No conflicts of interest		

Please place an "X" next to the following statement to indicate your agreement:

☑ I certify that I have answered every question and have not altered the wording of any of the questions on this 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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2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	N/one/	
4	Consulting fees	None	

5	Payment or honoraria for lectures, presentations,	None			
	speakers bureaus,				
	manuscript writing or				
	educational events				
6	Payment for expert	None			
	testimony				
7	Support for attending meetings and/or travel	None			
8	Patents planned, issued or	None			
	pending				
9	Participation on a Data	None			
	Safety Monitoring Board or				
	Advisory Board				
10	Leadership or fiduciary role	None			
	in other board, society,				
	committee or advocacy				
11	group, paid or unpaid Stock or stock options	None			
11	Stock of Stock options	None			
12	Receipt of equipment,	None			
12	materials, drugs, medical	None			
	writing, gifts or other				
	services				
13	Other financial or non-	None			
	financial interests				
Ple	ase summarize the above co	ntlict of interest in the follo	owing box:		
	No conflicts of interest				

X I certify that I have answered every question and have not altered the wording of any of the questions on this 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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3	Royalties or licenses	N/one/	
4	Consulting fees	None	

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

X I certify that I have answered every question and have not altered the wording of any of the questions on this 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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		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	N/one/	
4	Consulting fees	None	

5	Payment or honoraria for	None		
	lectures, presentations,			
	speakers bureaus,			
	manuscript writing or			
_	educational events			
6	Payment for expert	None		
	testimony			
7	Support for attending	None		
	meetings and/or travel			
8	Patents planned, issued or	None		
	pending			
9	Participation on a Data	None		
	Safety Monitoring Board or			
10	Advisory Board			
10	Leadership or fiduciary role	None		
	in other board, society, committee or advocacy			
	group, paid or unpaid			
11	Stock or stock options	None		
	Stock of Stock options			
12	Receipt of equipment,	None		
	materials, drugs, medical			
	writing, gifts or other			
	services			
13	Other financial or non-	None		
	financial interests			
Ple	ase summarize the above co	nflict of interest in the f	ollowing box:	
	No conflicts of interest			

_X_I certify that I have answered every question and have not altered the wording of any of the questions on this form.

Date:15/03/2023
Your Name: Tucci Marco
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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1	All support for the present	None	planning of the work
1	All support for the present manuscript (e.g., funding,	None	
	provision of study materials,		
	medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
		Time frame: past	36 months
2	Grants or contracts from	None	
	any entity (if not indicated		
_	in item #1 above).	N. /	
3	Royalties or licenses	N/one/	
4	Consulting fees	None	
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5	Payment or honoraria for	None			
	lectures, presentations,				
	speakers bureaus,				
	manuscript writing or				
	educational events				
6	Payment for expert	None			
	testimony				
7	Support for attending meetings and/or travel	None			
8	Patents planned, issued or	None			
	pending				
9	Participation on a Data	None			
	Safety Monitoring Board or				
	Advisory Board				
10	Leadership or fiduciary role	None			
	in other board, society,				
	committee or advocacy group, paid or unpaid				
11	Stock or stock options	None			
12	Receipt of equipment,	None			
	materials, drugs, medical				
	writing, gifts or other				
	services				
13	Other financial or non-	None			
	financial interests				
Dia-	so cummaviaa tha abassa sa	uflict of intorest in the full	owing how		
riea	Please summarize the above conflict of interest in the following box:				

No conflicts of interest		

X_I certify that I have answered every question and have not altered the wording of any of the questions on this form.

Date:	15/03/2023	
Your Na	me: Mauro Cive	s
Manusc	ript Title: A chal	enge in emergency department: A case report of Oxaliplatin-induced Kounis syndrome
Manusc	ript number (if k	nown): PCM-22-51-R2

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		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	N/one/	
4	Consulting fees	None	

5	Payment or honoraria for	None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
_	educational events	Nege	
6	Payment for expert testimony	None	
	testimony		
7	Support for attending	None	
'	meetings and/or travel	None	
8	Patents planned, issued or	None	
	pending		
9	Participation on a Data	None	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	None	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	None	
12	Descipt of agricument	Nege	
12	Receipt of equipment, materials, drugs, medical	None	
	writing, gifts or other		
	services		
13	Other financial or non-	None	
	financial interests	_	
· <u> </u>			

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

No conflicts of interest		

Please place an "X" next to the following statement to indicate your agreement:

I certify that I have answered every question and have not altered the wording of any of the questions on this form.

Date: 15/03/2023
Your Name: Camillo Porta
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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		Time frame: Since the initial	planning of the work
1	All support for the present	None	
	manuscript (e.g., funding,		
	provision of study materials,		
	medical writing, article processing charges, etc.)		
	No time limit for this item.		
		Time frame: past	36 months
2	Grants or contracts from	None	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	N/one/	
4	Consulting fees	None	

				_	
5	Payment or honoraria for	None			
	lectures, presentations,				
	speakers bureaus,				
	manuscript writing or				
	educational events				
6	Payment for expert	None			
	testimony				
7	Support for attending meetings and/or travel	None			
8	Patents planned, issued or	None			
	pending				
9	Participation on a Data	None			
	Safety Monitoring Board or				
	Advisory Board				
10	Leadership or fiduciary role	None			
	in other board, society,				
	committee or advocacy				
	group, paid or unpaid				
11	Stock or stock options	None			
12	Receipt of equipment,	None			
	materials, drugs, medical				
	writing, gifts or other				
	services				
13	Other financial or non-	None			
	financial interests				
Please summarize the above conflict of interest in the following box:					
N	No conflicts of interest				

_X_I certify that I have answered every question and have not altered the wording of any of the questions on this form.

Date:	15/03/2023
Your Nam	e: Vito Procacci
Manuscri syndrom	pt Title: A challenge in emergency department: A case report of Oxaliplatin-induced Kounis
Manuscri	pt 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.

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

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