

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)
Fernando

2. Surname (Last Name)
Herbella

3. Date
22-February-2019

4. Are you the corresponding author? Yes No

5. Manuscript Title
Nutcracker upper esophageal sphincter

6. Manuscript Identifying Number (if you know it)
AOE-19-4

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Dr. Herbella has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Julia	2. Surname (Last Name) Kalluf	3. Date 22-February-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Fernando Herbella, MD
5. Manuscript Title Nutcracker upper esophageal sphincter		
6. Manuscript Identifying Number (if you know it) AOE-19-4		

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Dr. Kalluf has nothing to disclose.

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1. Given Name (First Name) Pedro	2. Surname (Last Name) Norton	3. Date 22-February-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Fernando Herbella, MD
5. Manuscript Title Nutcracker upper esophageal sphincter		
6. Manuscript Identifying Number (if you know it) AOE-19-4		

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4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Fernando Herbella, MD
5. Manuscript Title Nutcracker upper esophageal sphincter		
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