

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

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Royalties: Funds are coming in to you or your institution due to your patent

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Patricia

2. Surname (Last Name)
Garcia

3. Date
10-June-2021

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Houman Rezaizadeh

5. Manuscript Title
Multidisciplinary Management of Persistent Dysphagia in Mucous Membrane Pemphigoid: A case report

6. Manuscript Identifying Number (if you know it)

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Are there any relevant conflicts of interest? Yes No

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Dr. Garcia has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Sarah

2. Surname (Last Name)
Mattessich

3. Date
16-June-2021

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Dr. Houman Rezaizadeh

5. Manuscript Title
Multidisciplinary Management of Persistent Dysphagia in Mucous Membrane Pemphigoid: A Case Report

6. Manuscript Identifying Number (if you know it)

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Dr. Mattessich has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Rahul	2. Surname (Last Name) Sao	3. Date 04-June-2021
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Houman Rezaizadeh
5. Manuscript Title Multidisciplinary Management of Persistent Dysphagia in Mucous Membrane Pemphigoid: A case report		
6. Manuscript Identifying Number (if you know it) AOE-20-24-R1		

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Dr. Sao has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Jun	2. Surname (Last Name) Lu	3. Date 09-June-2021
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Dr. Houman Rezaizadeh
5. Manuscript Title Multidisciplinary Management of Persistent Dysphagia in Mucous Membrane Pemphigoid: A case report		
6. Manuscript Identifying Number (if you know it) AOE-20-24-R2		

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Section 1. Identifying Information

1. Given Name (First Name)
Houman

2. Surname (Last Name)
Rezaizadeh

3. Date
19-May-2021

4. Are you the corresponding author? Yes No

5. Manuscript Title
Multidisciplinary Management of Persistent Dysphagia in Mucous Membrane Pemphigoid: A case report

6. Manuscript Identifying Number (if you know it)
AOE-20-24

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