

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)

Barbara

2. Surname (Last Name)

Donck

3. Date

01-February-2021

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name

Lieven Depypere

5. Manuscript Title

Repair of an iatrogenic posterolateral diaphragmatic hernia after pedicled omentoplasty for chronic empyema in an immunocompromised patient: taking down the omentum or not? A case report.

6. Manuscript Identifying Number (if you know it)

CCTS-20-136-R1

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Are there any relevant conflicts of interest? ☐ Yes ☒ No

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Dr. Donck 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)

Marie

2. Surname (Last Name)

Cappelle

3. Date

01-February-2021

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name

Lieven Depypere

5. Manuscript Title

Repair of an iatrogenic posterolateral diaphragmatic hernia after pedicled omentoplasty for chronic empyema in an immunocompromised patient: taking down the omentum or not? A case report.

6. Manuscript Identifying Number (if you know it)

CCTS-20-136-R1

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1. Given Name (First Name) Herbert	2. Surname (Last Name) Decaluwé	3. Date 01-February-2021
4. Are you the corresponding author? ☐ Yes ☒ No		Corresponding Author's Name Lieven Depypere
5. Manuscript Title Repair of an iatrogenic posterolateral diaphragmatic hernia after pedicled omentoplasty for chronic empyema in an immunocompromised patient: taking down the omentum or not? A case report.		
6. Manuscript Identifying Number (if you know it) CCTS-20-136-R1		

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1. Given Name (First Name)

Lieven

2. Surname (Last Name)

Depypere

3. Date

01-February-2021

4. Are you the corresponding author?

☒ Yes ☐ No

5. Manuscript Title

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