

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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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

Danny

2. Surname (Last Name)

Issa

3. Date

05-June-2020

4. Are you the corresponding author?

Yes No

5. Manuscript Title

Azithromycin versus Erythromycin Infusions Prior to Endoscopy in Upper Gastrointestinal Bleeding

6. Manuscript Identifying Number (if you know it)

TGH-20-51

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Are there any relevant conflicts of interest? Yes No

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Dr. Issa 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)

Sanjeev

2. Surname (Last Name)

Solomon

3. Date

09-June-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Danny Issa

5. Manuscript Title

Azithromycin versus Erythromycin Infusions Prior to Endoscopy in Upper Gastrointestinal Bleeding

6. Manuscript Identifying Number (if you know it)

TGH-20-51

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Section 1. Identifying Information

1. Given Name (First Name)

Jonathan

2. Surname (Last Name)

Hillyard

3. Date

09-June-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Danny Issa

5. Manuscript Title

Azithromycin versus Erythromycin Infusions Prior to Endoscopy in Upper Gastrointestinal Bleeding

6. Manuscript Identifying Number (if you know it)

TGH-20-51

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

Brian

2. Surname (Last Name)

Di Pace

3. Date

10-June-2020

4. Are you the corresponding author?

Yes

No

Corresponding Author's Name

Danny Issa

5. Manuscript Title

Azithromycin versus Erythromycin Infusions Prior to Endoscopy in Upper Gastrointestinal Bleeding

6. Manuscript Identifying Number (if you know it)

TGH-20-51

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Section 1. Identifying Information

1. Given Name (First Name) Christopher	2. Surname (Last Name) Young	3. Date 09-June-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Danny Issa
5. Manuscript Title Azithromycin versus Erythromycin Infusions Prior to Endoscopy in Upper Gastrointestinal Bleeding		
6. Manuscript Identifying Number (if you know it) TGH-20-51		

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1. Given Name (First Name) Patricia	2. Surname (Last Name) Uber	3. Date 11-June-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Danny Issa
5. Manuscript Title Azithromycin versus Erythromycin Infusions Prior to Endoscopy in Upper Gastrointestinal Bleeding		
6. Manuscript Identifying Number (if you know it) TGH-20-51		

Section 2. The Work Under Consideration for Publication

Did you or your institution **at any time** receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

Are there any relevant conflicts of interest? Yes No

Section 3. Relevant financial activities outside the submitted work.

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Are there any relevant conflicts of interest? Yes No

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes No

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Dr. Uber has nothing to disclose.

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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)

Adam

2. Surname (Last Name)

Sima

3. Date

05-June-2020

4. Are you the corresponding author?

Yes

No

Corresponding Author's Name

Danny Issa

5. Manuscript Title

Azithromycin versus Erythromycin Infusions Prior to Endoscopy in Upper Gastrointestinal Bleeding

6. Manuscript Identifying Number (if you know it)

TGH-20-51

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Yes

No

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) _____ Reem
 2. Surname (Last Name) _____ Sharaiha
 3. Date _____ 05-June-2020

4. Are you the corresponding author? Yes No
 Corresponding Author's Name _____ Danny Issa

5. Manuscript Title _____ Azithromycin versus Erythromycin Infusions Prior to Endoscopy in Upper Gastrointestinal Bleeding

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Are there any relevant conflicts of interest? Yes No

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Olympus Co. USA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Consultant
Boston Scientific Co.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Consultant
Cook medical Co.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Consultant

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Dr. Sharaiha reports other from Olympus Co. USA, other from Boston Scientific Co. , other from Cook medical Co. , outside the submitted work; .

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Section 1. Identifying Information

1. Given Name (First Name)
George

2. Surname (Last Name)
Smallfield

3. Date
09-June-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Danny Issa

5. Manuscript Title

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