

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

The purpose of this form is to provide readers of your manuscript with information about your other interests that could influence how they receive and understand your work. The form is designed to be completed electronically and stored electronically. It contains programming that allows appropriate data display. Each author should submit a separate form and is responsible for the accuracy and completeness of the submitted information. The form is in six parts.

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4. Intellectual Property.

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)

Annette

2. Surname (Last Name)

Medina

3. Date

21-May-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Edaire Cheng

5. Manuscript Title

Eosinophilic Esophagitis, Barrett's Esophagus and Esophageal Neoplasms in the Pediatric Patient: A Narrative Review

6. Manuscript Identifying Number (if you know it)

TGH-2020-PGS-13(TGH-20-223)

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Are there any relevant conflicts of interest? Yes No

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Dr. Medina 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) David	2. Surname (Last Name) Troendle	3. Date 27-May-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Edaire Cheng
5. Manuscript Title Eosinophilic Esophagitis, Barrett's Esophagus and Esophageal Neoplasms in the Pediatric Patient: A Narrative Review		
6. Manuscript Identifying Number (if you know it) TGH-2020-PGS-13(TGH-20-223)		

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Dr. Troendle has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)

Jason

2. Surname (Last Name)

Park

3. Date

22-May-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Edaire Cheng

5. Manuscript Title

Eosinophilic Esophagitis, Barrett's Esophagus and Esophageal Neoplasms in the Pediatric Patient: A Narrative Review

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Dr. Park 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) Ameet	2. Surname (Last Name) Thaker	3. Date 26-May-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Edaire Cheng
5. Manuscript Title Eosinophilic Esophagitis, Barrett's Esophagus and Esophageal Neoplasms in the Pediatric Patient: A Narrative Review		
6. Manuscript Identifying Number (if you know it) TGH-2020-PGS-13(TGH-20-223)		

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Dr. Thaker has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
Kerry

2. Surname (Last Name)
Dunbar

3. Date
27-May-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Edaire Cheng, MD

5. Manuscript Title

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Other: Anything not covered under the previous three boxes

Pending: The patent has been filed but not issued

Issued: The patent has been issued by the agency

Licensed: The patent has been licensed to an entity, whether earning royalties or not

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

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Section 1. Identifying Information

1. Given Name (First Name)
Edaire

2. Surname (Last Name)
Cheng

3. Date
22-May-2020

4. Are you the corresponding author? Yes No

5. Manuscript Title
Eosinophilic Esophagitis, Barrett's Esophagus and Esophageal Neoplasms in the Pediatric Patient: A Narrative Review

6. Manuscript Identifying Number (if you know it)
TGH-2020-PGS-13(TGH-20-223)

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

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Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the "Add +" box. You should report relationships that were **present during the 36 months prior to publication**.

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Section 5. Relationships not covered above

Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?

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Dr. Cheng has nothing to disclose.

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