

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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Section 1. Identifying Information

1. Given Name (First Name) Billie	2. Surname (Last Name) Bixby	3. Date 30-October-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Sikandar A. Ansari
5. Manuscript Title Acquired esophago-respiratory fistulae in adults		
6. Manuscript Identifying Number (if you know it) SHC-2019-IPAB-02		

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest? Yes No

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Dr. Bixby 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) Sean	2. Surname (Last Name) Maddock	3. Date 30-October-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Sikandar A. Ansari
5. Manuscript Title Acquired esophago-respiratory fistulae in adults		
6. Manuscript Identifying Number (if you know it) SHC-2019-IPAB-02		

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Dr. Maddock has nothing to disclose.

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1. Given Name (First Name) Chakravarthy	2. Surname (Last Name) Reddy	3. Date 30-October-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Sikandar A. Ansari
5. Manuscript Title Acquired esophago-respiratory fistulae in adults		
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1. Given Name (First Name) Aidin	2. Surname (Last Name) Iravani	3. Date 30-October-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Sikandar A. Ansari
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Section 1. Identifying Information

1. Given Name (First Name)
Sikandar

2. Surname (Last Name)
Ansari

3. Date
30-October-2019

4. Are you the corresponding author? Yes No

5. Manuscript Title
Acquired esophago-respiratory fistulae in adults

6. Manuscript Identifying Number (if you know it)
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