

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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Section 1. Identifying Information

1. Given Name (First Name) Daisy	2. Surname (Last Name) Sanchez	3. Date 16-March-2021
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Syed Razi
5. Manuscript Title Successful Management of Atrio-Esophageal Fistula Using A Fully Covered Esophageal Stent Case Report		
6. Manuscript Identifying Number (if you know it) _____		

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Section 1. Identifying Information

1. Given Name (First Name) Francisco	2. Surname (Last Name) Tarrazzi	3. Date 24-April-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Syed Razi
5. Manuscript Title Successful Management of Atrio-Esophageal Fistula Using A Fully Covered Esophageal Stent Case Report		
6. Manuscript Identifying Number (if you know it) _____		

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Section 1. Identifying Information

1. Given Name (First Name)

Scott

2. Surname (Last Name)

Harter

3. Date

23-April-2020

4. Are you the corresponding author?

Yes

No

Corresponding Author's Name

Syed Razi

5. Manuscript Title

Successful Management of Atrio-Esophageal Fistula Using A Fully Covered Esophageal Stent Case Report

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