

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)
Cesar

2. Surname (Last Name)
Avalos

3. Date
16-April-2020

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name
Elias Estifan MD

5. Manuscript Title
Interstitial lung disease in dermatomyositis complicated by right ventricular thrombus secondary to macrophage activation syndrome- a case report

6. Manuscript Identifying Number (if you know it)
ACR-19-182

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. Avalos 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)

Elias

2. Surname (Last Name)

Estifan

3. Date

16-April-2020

4. Are you the corresponding author?

☒ Yes ☐ No

5. Manuscript Title

Interstitial lung disease in dermatomyositis complicated by right ventricular thrombus secondary to macrophage activation syndrome- a case report

6. Manuscript Identifying Number (if you know it)

ACR-19-182

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

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Dr. Estifan has nothing to disclose.

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1. Given Name (First Name)

Namrata

2. Surname (Last Name)

Paul

3. Date

16-April-2020

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name

Elias Estifan, MD

5. Manuscript Title

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Shelbi

2. Surname (Last Name)
Swyden

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16-April-2020

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☐ Yes ☒ No

Corresponding Author's Name
Elias Estifan MD

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