

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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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

Islam

2. Surname (Last Name)

Elrobaa

3. Date

31-July-2020

4. Are you the corresponding author?

Yes No

5. Manuscript Title

Al Wakra Type II MI - A Case Report in Our Emergency Department

6. Manuscript Identifying Number (if you know it)

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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Are there any relevant conflicts of interest? Yes No

Section 4. Intellectual Property -- Patents & Copyrights

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Section 6. Disclosure Statement

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Dr. Elrobaa has nothing to disclose.

Evaluation and Feedback

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Section 1. Identifying Information

1. Given Name (First Name) Elfadel	2. Surname (Last Name) Dafalla	3. Date 04-August-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Islam Hussam Elrobaa
5. Manuscript Title Al Wakra Type II MI - A Case Report in Our Emergency Department		
6. Manuscript Identifying Number (if you know it) _____		

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. Dafalla has nothing to disclose.

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1. Given Name (First Name) Muayad	2. Surname (Last Name) Khalid	3. Date 04-August-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Islam Elrobaa
5. Manuscript Title Al Wakra Type II MI - A Case Report in Our Emergency Department		
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1. Given Name (First Name) Mohammed	2. Surname (Last Name) kutty	3. Date 04-August-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Islam Elrobaa
5. Manuscript Title Al Wakra Type II MI - A Case Report in Our Emergency Department		
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