

## ICMJE DISCLOSURE FORM

**Date:** February 5, 2023

**Your Name:** Helen Madsen

**Manuscript Title:** Esophagram Should Be Performed to Diagnose Esophageal Perforation Before Inter-Hospital Transfer

**Manuscript number (if known):** JTD-22-1798

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

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## ICMJE DISCLOSURE FORM

**Date:** February 5, 2023

**Your Name:** Christina Stuart

**Manuscript Title:** Esophagram Should Be Performed to Diagnose Esophageal Perforation Before Inter-Hospital Transfer

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**Your Name:** Brandon Wojcik

**Manuscript Title:** Esophagram Should Be Performed to Diagnose Esophageal Perforation Before Inter-Hospital Transfer

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**Date:** February 5, 2023

**Your Name:** Amanda Hunt

**Manuscript Title:** Esophagram Should Be Performed to Diagnose Esophageal Perforation Before Inter-Hospital Transfer

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**Date:** February 5, 2023

**Your Name:** Laura Helmkamp

**Manuscript Title:** Esophagram Should Be Performed to Diagnose Esophageal Perforation Before Inter-Hospital Transfer

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**Date:** February 5, 2023

**Your Name:** Anna Gergen

**Manuscript Title:** Esophagram Should Be Performed to Diagnose Esophageal Perforation Before Inter-Hospital Transfer

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**Date:** February 5, 2023

**Your Name:** Michael Weyant

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**Date:** February 5, 2023

**Your Name:** Simran Randhawa

**Manuscript Title:** Esophagram Should Be Performed to Diagnose Esophageal Perforation Before Inter-Hospital Transfer

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In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
<b>Time frame: Since the initial planning of the work</b>			
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	<input checked="" type="checkbox"/> None	
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None.

**Please place an "X" next to the following statement to indicate your agreement:**

I certify that I have answered every question and have not altered the wording of any of the questions on this form.