

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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4. Intellectual Property.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

Emmanuel

2. Surname (Last Name)

Andrès

3. Date

13-April-2020

4. Are you the corresponding author?

 Yes No

Corresponding Author's Name

Abrar-Ahmad Zulfikar

5. Manuscript Title

Immune Thrombocytopenic Purpura in a COVID-19 Positive Patient

6. Manuscript Identifying Number (if you know it)

20-10472

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Are there any relevant conflicts of interest?

 Yes No

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Dr. Andrès 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) Patrick	2. Surname (Last Name) Hassler	3. Date 13-April-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Abrar-Ahmad Zulfiqar
5. Manuscript Title Immune Thrombocytopenic Purpura in a COVID-19 Positive Patient		
6. Manuscript Identifying Number (if you know it) 20-10472		

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. Hassler has nothing to disclose.

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1. Given Name (First Name) Noel	2. Surname (Last Name) Lorenzo Villalba	3. Date 13-April-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Abrar-Ahmad Zulfiqar
5. Manuscript Title Immune Thrombocytopenic Purpura in a COVID-19 Positive Patient		
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Abrar-Ahmad

2. Surname (Last Name)
Zulfiqar

3. Date
13-April-2020

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