

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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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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Royalties: Funds are coming in to you or your institution due to your patent

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Neha

2. Surname (Last Name)
Amin

3. Date
26-April-2020

4. Are you the corresponding author? Yes No

Corresponding Author's Name
Milad Sharifpour

5. Manuscript Title
Acute Cor Pulmonale in Critically Ill Patients with Covid-19

6. Manuscript Identifying Number (if you know it)
20-10459

Section 2. The Work Under Consideration for Publication

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Dr. Amin has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Christina

2. Surname (Last Name)
Creel-Bulos

3. Date
24-April-2020

4. Are you the corresponding author? Yes No

Corresponding Author's Name
Milad Sharifpour

5. Manuscript Title
Acute Cor Pulmonale in Critically Ill Patients with Covid-19

6. Manuscript Identifying Number (if you know it)
20-10459

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Dr. Creel-Bulos has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
Maxwell

2. Surname (Last Name)
Hockstein

3. Date
24-April-2020

4. Are you the corresponding author? Yes No

Corresponding Author's Name
Milad Sharifpour

5. Manuscript Title
Acute Cor Pulmonale in Critically Ill Patients with Covid-19

6. Manuscript Identifying Number (if you know it)
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Dr. Hockstein has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Samer	2. Surname (Last Name) Melhem	3. Date 25-April-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Milad Sharifpour
5. Manuscript Title Acute Cor Pulmonale in Critically Ill Patients with Covid-19		
6. Manuscript Identifying Number (if you know it) 20-10459		

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Dr. Melhem has nothing to disclose.

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1. Given Name (First Name)
Milad

2. Surname (Last Name)
Sharifpour

3. Date
27-April-2020

4. Are you the corresponding author? Yes No

5. Manuscript Title
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Section 1. Identifying Information

1. Given Name (First Name) Alex	2. Surname (Last Name) Truong	3. Date 26-April-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Milad Sharifpour
5. Manuscript Title Acute Cor Pulmonale in Critically Ill Patients with Covid-19		
6. Manuscript Identifying Number (if you know it) 20-10459		

Section 2. The Work Under Consideration for Publication

Did you or your institution **at any time** receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

Are there any relevant conflicts of interest? Yes No

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Are there any relevant conflicts of interest? Yes No

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Dr. Truong has nothing to disclose.

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