

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.

5. Relationships not covered above.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Jerome

2. Surname (Last Name)
Crowley

3. Date
17-May-2020

4. Are you the corresponding author? Yes No

Corresponding Author's Name
Case Records of the Massachusetts General Hospital

5. Manuscript Title
A 44-Year-Old Woman with Chest Pain, Dyspnea, and Shock

6. Manuscript Identifying Number (if you know it)
20-04975

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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Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Dr. Crowley 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)
Masaki

2. Surname (Last Name)
Funamoto

3. Date
12-May-2020

4. Are you the corresponding author? Yes No

Corresponding Author's Name
Case Records of the Massachusetts General Hospital

5. Manuscript Title
A 44-Year-Old Woman with Chest Pain, Dyspnea, and Shock

6. Manuscript Identifying Number (if you know it)
20-04975

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Dr. Funamoto 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)
Judy

2. Surname (Last Name)
Hung

3. Date
21-May-2020

4. Are you the corresponding author? Yes No

Corresponding Author's Name
Case Records of the Massachusetts General Hospital

5. Manuscript Title
A 44-Year-Old Woman with Chest Pain, Dyspnea, and Shock

6. Manuscript Identifying Number (if you know it)
20-04975

Section 2. The Work Under Consideration for Publication

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Dr. Hung 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) Christopher	2. Surname (Last Name) Newton-Cheh	3. Date 12-May-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Case Records of the Massachusetts General Hospital
5. Manuscript Title A 44-Year-Old Woman with Chest Pain, Dyspnea, and Shock		
6. Manuscript Identifying Number (if you know it) 20-04975		

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Are there any relevant conflicts of interest? Yes No

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
GE Healthcare	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consulting
Novartis	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consulting

Section 4. Intellectual Property -- Patents & Copyrights

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Dr. Newton-Cheh reports personal fees from GE Healthcare, personal fees from Novartis, outside the submitted work; .

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Andrey

2. Surname (Last Name)
Rupasov

3. Date
12-May-2020

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Corresponding Author's Name
Case Records of the Massachusetts General Hospital

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Dr. Rupasov has nothing to disclose.

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Non-Financial Support: Examples include drugs/equipment supplied by the entity, travel paid by the entity, writing assistance, administrative support, etc.

Other: Anything not covered under the previous three boxes

Pending: The patent has been filed but not issued

Issued: The patent has been issued by the agency

Licensed: The patent has been licensed to an entity, whether earning royalties or not

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)
Daniel

2. Surname (Last Name)
Zlotoff

3. Date
12-May-2020

4. Are you the corresponding author? Yes No

Corresponding Author's Name
Case Records of the Massachusetts General Hospital

5. Manuscript Title
A 44-Year-Old Woman with Chest Pain, Dyspnea, and Shock

6. Manuscript Identifying Number (if you know it)
20-04975

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

Section 3. Relevant financial activities outside the submitted work.

Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the "Add +" box. You should report relationships that were **present during the 36 months prior to publication**.

Are there any relevant conflicts of interest? Yes No

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes No

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Section 5. Relationships not covered above

Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?

- Yes, the following relationships/conditions/circumstances are present (explain below):
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Section 6. Disclosure Statement

Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Dr. Zlotoff has nothing to disclose.

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