

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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Section 1. Identifying Information

1. Given Name (First Name) Marion	2. Surname (Last Name) BLAIZE	3. Date 15-August-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Dr Arnaud FEKKAR
5. Manuscript Title COVID-19 related respiratory Failure and Lymphopenia do not seem associated with Pneumocystosis		
6. Manuscript Identifying Number (if you know it) Blue-202007-2938LE		

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Dr. Blaize 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)
Arnaud

2. Surname (Last Name)
FEKKAR

3. Date
15-August-2020

4. Are you the corresponding author? Yes No

5. Manuscript Title
COVID-19 related respiratory Failure and Lymphopenia do not seem associated with Pneumocystosis

6. Manuscript Identifying Number (if you know it)
Blue-202007-2938LE

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Dr. FEKKAR has nothing to disclose.

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1. Given Name (First Name) Alexandre	2. Surname (Last Name) Lampros	3. Date 15-August-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Fekkar Arnaud
5. Manuscript Title COVID-19 related respiratory Failure and Lymphopenia do not seem associated with Pneumocystosis		
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1. Given Name (First Name) Charles Edouard	2. Surname (Last Name) Luyt	3. Date 15-August-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Dr Arnaud FEKKAR
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