

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Kevin

2. Surname (Last Name)
Ard

3. Date
07-July-2020

4. Are you the corresponding author? Yes No

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

5. Manuscript Title
A 24-Year-Old Man with Headache and Covid-19

6. Manuscript Identifying Number (if you know it)
20-27083

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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Dr. Ard 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) Brian	2. Surname (Last Name) Edlow	3. Date 07-July-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 24-Year-Old Man with Headache and Covid-19		
6. Manuscript Identifying Number (if you know it) 20-27083		

Section 2. The Work Under Consideration for Publication

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Dr. Edlow has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
Tasos

2. Surname (Last Name)
Gogakos

3. Date
31-July-2020

4. Are you the corresponding author? Yes No

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

5. Manuscript Title
A 24-Year-Old Man with Headache and Covid-19

6. Manuscript Identifying Number (if you know it)
20-27083

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Dr. Gogakos has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
Ramon

2. Surname (Last Name)
Gonzalez

3. Date
06-July-2020

4. Are you the corresponding author? Yes No

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

5. Manuscript Title
A 24-Year-Old Man with Headache and Covid-19

6. Manuscript Identifying Number (if you know it)
20-27083

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Dr. Gonzalez has nothing to disclose.

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Howard

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Heller

3. Date
08-July-2020

4. Are you the corresponding author? Yes No

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

5. Manuscript Title
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