



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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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

Shahin

2. Surname (Last Name)

Ayazi

3. Date

07-August-2020

4. Are you the corresponding author?

Yes No

5. Manuscript Title

Pneumothorax as the Presenting Manifestation of COVID-19

6. Manuscript Identifying Number (if you know it)

JTD-20-1687

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.)?

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Dr. Ayazi has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
Javad

2. Surname (Last Name)
Zebarjadi

3. Date
30-July-2020

4. Are you the corresponding author? Yes No

Corresponding Author's Name
Shahin Ayazi, MD

5. Manuscript Title
Pneumothorax as the Presenting Manifestation of COVID-19

6. Manuscript Identifying Number (if you know it)
JTD-20-1687

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Section 1. Identifying Information

1. Given Name (First Name)

Andrew

2. Surname (Last Name)

Grubic

3. Date

03-August-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Shahin Ayazi, MD

5. Manuscript Title

Pneumothorax as the Presenting Manifestation of COVID-19

6. Manuscript Identifying Number (if you know it)

JTD-20-1687

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Section 1. Identifying Information

1. Given Name (First Name)
Hamed

2. Surname (Last Name)
Tahmasbi

3. Date
07-August-2020

4. Are you the corresponding author? Yes No

Corresponding Author's Name
Shahin Ayazi, MD

5. Manuscript Title
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6. Manuscript Identifying Number (if you know it)
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Khosro

2. Surname (Last Name)

Ayazi

3. Date

04-August-2020

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Yes No

Corresponding Author's Name

Shahin Ayazi, MD

5. Manuscript Title

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1. Given Name (First Name)

Blair

2. Surname (Last Name)

Jobe

3. Date

06-August-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Shahin Ayazi, MD

5. Manuscript Title

Pneumothorax as the Presenting Manifestation of COVID-19

6. Manuscript Identifying Number (if you know it)

JTD-20-1687

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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.)?

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