ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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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)  
   Pieter

2. Surname (Last Name)  
   Dries

3. Date  
   17-December-2020

4. Are you the corresponding author?  
   Yes ☑  No ❌

5. Manuscript Title  
   Gastrointestinal hemorrhage from a duodenal varix rupture: a case report

6. Manuscript Identifying Number (if you know it)

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?  
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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?

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Dr. Dries has nothing to disclose.

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Section 2: The Work Under Consideration for Publication

Did you or any of your institution(s) receive any financial or other support to prepare the manuscript (including data collection, analysis, preparation, etc.)?

Yes □ No □

Section 3: Relevance Financial Activities outside the Submitted Work

Did you or any of your institution(s) receive any support for the submitted work (including data collection, analysis, preparation, etc.) from any source, other than the ones listed above?

Yes □ No □

Section 4: Intellectual Property - Patents & Copyrights

Are there any relevant conflicts of interest?

Yes □ No □

Did you or any of your institution(s) receive any financial or other support to prepare the manuscript (including data collection, analysis, preparation, etc.) from a third party (government, commercial, philanthropic fundation, etc.) for this manuscript?

Yes □ No □

Do you have any patents, whether planned or issued, broadly relevant to the work?

Yes □ No □

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No other relationships/conditions/relationships/conflicts of interest.

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Medical Journal Editors

International Committee of Medical Journal Editors
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ICMJE Form for Disclosure of Potential Conflicts of Interest

**Section 1. Identifying Information**

1. Given Name (First Name)  
   Bart

2. Surname (Last Name)  
   De Schepper

3. Date  
   16-December-2020

4. Are you the corresponding author?  
   Yes  ☑️ No

   Corresponding Author’s Name  
   Pieter Dries

5. Manuscript Title  
   Gastrointestinal hemorrhage from a duodenal varix rupture: a case report

6. Manuscript Identifying Number (if you know it)

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Dr. De Schepper has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  Olivier
2. Surname (Last Name)  D’Archambeau
3. Date  17-December-2020
4. Are you the corresponding author?  Yes  No
5. Manuscript Title
   Gastrointestinal hemorrhage from a duodenal varix rupture: a case report
6. Manuscript Identifying Number (if you know it)

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### Identifying Information

1. **Given Name (First Name)**  
   Guy
2. **Surname (Last Name)**  
   Hubens
3. **Date**  
   28-December-2020
4. Are you the corresponding author?  
   - [ ] Yes  
   - [x] No  
   Corresponding Author’s Name  
   Pieter Dries
5. **Manuscript Title**  
   Gastrointestinal hemorrhage from a duodenal varix rupture: a case report
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Dr. Hubens has nothing to disclose.

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<thead>
<tr>
<th>1. Given Name (First Name)</th>
<th>2. Surname (Last Name)</th>
<th>3. Date</th>
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<tbody>
<tr>
<td>Anthony</td>
<td>Beunis</td>
<td>17-December-2020</td>
</tr>
</tbody>
</table>

4. Are you the corresponding author? □ Yes ☑ No

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