ICMJE Form for Disclosure of Potential Conflicts of Interest

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4. **Intellectual Property.**

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  Savvas
2. Surname (Last Name)  Lampridis
3. Date  29-March-2020
4. Are you the corresponding author?  ✔ Yes  No
5. Manuscript Title
The insidious presentation and challenging management of esophageal perforation following diagnostic and therapeutic interventions
6. Manuscript Identifying Number (if you know it)
JTD-19-4096

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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.)?
Are there any relevant conflicts of interest?  ✔ Yes  No

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Dr. Lampridis 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)  
   Sofoklis

2. Surname (Last Name)  
   Mitsos

3. Date  
   29-March-2020

4. Are you the corresponding author?  
   Yes  ☒  No

   Corresponding Author’s Name  
   Savvas Lampridis

5. Manuscript Title  
   The insidious presentation and challenging management of esophageal perforation following diagnostic and therapeutic interventions

6. Manuscript Identifying Number (if you know it)  
   JTD-19-4096

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Dr. Mitsos has nothing to disclose.

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<table>
<thead>
<tr>
<th>1. Given Name (First Name)</th>
<th>2. Surname (Last Name)</th>
<th>3. Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Martin</td>
<td>Hayward</td>
<td>29-March-2020</td>
</tr>
</tbody>
</table>

4. Are you the corresponding author? [ ] Yes [ ] No

Corresponding Author’s Name
Savvas Lampridis

5. Manuscript Title
The insidious presentation and challenging management of esophageal perforation following diagnostic and therapeutic interventions

6. Manuscript Identifying Number (if you know it)
JTD-19-4096

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Dr. Hayward has nothing to disclose.

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**Section 1. Identifying Information**

1. Given Name (First Name)  
   David  
2. Surname (Last Name)  
   Lawrence  
3. Date  
   29-March-2020  
4. Are you the corresponding author?  
   Yes ☐  No ☑  
   Corresponding Author’s Name  
   Savvas Lampridis  
5. Manuscript Title  
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Dr. Lawrence has nothing to disclose.

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### Section 1. Identifying Information

1. Given Name (First Name)  
   Nikolaos

2. Surname (Last Name)  
   Panagiotopoulos

3. Date  
   29-March-2020

4. Are you the corresponding author?  
   [ ] Yes  
   ✔ No

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   Savvas Lampridis

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