

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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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)

Muhammad

2. Surname (Last Name)

Arian

3. Date

30-December-2020

4. Are you the corresponding author?

Yes No

5. Manuscript Title

Systemic vasospasms induced by vasopressor therapy resulting in diffuse tissue necrosis and death: a case report and review of the literature

6. Manuscript Identifying Number (if you know it)

JECCM-20-161-R1

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Are there any relevant conflicts of interest? Yes No

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Dr. Arian 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)

Christopher

2. Surname (Last Name)

Medina

3. Date

29-December-2020

4. Are you the corresponding author?

Yes No

5. Manuscript Title

Systemic vasospasms induced by vasopressor therapy resulting in diffuse tissue necrosis and death: a case report and review of the literature

6. Manuscript Identifying Number (if you know it)

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Dr. Medina has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) George	2. Surname (Last Name) Matus	3. Date 30-December-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Medina/Arian
5. Manuscript Title Systemic vasospasms induced by vasopressor therapy resulting in diffuse tissue necrosis and death: a case report and review of the literature		
6. Manuscript Identifying Number (if you know it) JECCM-20-161-R1		

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Dr. Matus has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Akash	2. Surname (Last Name) Hazari	3. Date 30-December-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Medina/Arian
5. Manuscript Title Systemic vasospasms induced by vasopressor therapy resulting in diffuse tissue necrosis and death: a case report and review of the literature		
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Luis
2. Surname (Last Name)
Chozet
3. Date
30-December-2020
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Corresponding Author's Name
Medina/Arian
5. Manuscript Title
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Licensed: The patent has been licensed to an entity, whether earning royalties or not

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) Fahad	2. Surname (Last Name) Omar	3. Date 30-December-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Medina/Arian
5. Manuscript Title Systemic vasospasms induced by vasopressor therapy resulting in diffuse tissue necrosis and death: a case report and review of the literature		
6. Manuscript Identifying Number (if you know it) JECCM-20-161-R1		

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. Omar has nothing to disclose.

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