ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

The purpose of this form is to provide readers of your manuscript with information about your other interests that could influence how they receive and understand your work. The form is designed to be completed electronically and stored electronically. It contains programming that allows appropriate data display. Each author should submit a separate form and is responsible for the accuracy and completeness of the submitted information. The form is in six parts.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
   Rahul

2. Surname (Last Name)  
   Costa-Pinto

3. Date  
   20-April-2020

4. Are you the corresponding author?  
   ✔ Yes  
   No

5. Manuscript Title  
   Haemothorax following removal of an internal jugular central venous catheter.

6. Manuscript Identifying Number (if you know it)  
   JECCM-20-35

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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

### Section 3. Relevant financial activities outside the submitted work.

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   ✔ Yes  
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Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  
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Section 6. Disclosure Statement

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Dr. Costa-Pinto has nothing to disclose.

Evaluation and Feedback

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Section 1. Identifying Information

1. Given Name (First Name) John
2. Surname (Last Name) Pearson
3. Date 20-April-2020
4. Are you the corresponding author? No
5. Manuscript Title Haemothorax following removal of an internal jugular central venous catheter.
6. Manuscript Identifying Number (if you know it) DOI: 10.21037/jccm.2020.03.02

Section 2. The Work Under Consideration for Publication

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Dr. Pearson has nothing to disclose.

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<td>20-April-2020</td>
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4. Are you the corresponding author?  
✔ Yes  
No

5. Manuscript Title  
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**Section 1. Identifying Information**

1. Given Name (First Name)
   Andrew

2. Surname (Last Name)
   Udy

3. Date
   19-April-2020

4. Are you the corresponding author?  
   ☑ No

   Corresponding Author’s Name  
   Dr Rahul Costa-Pinto

5. Manuscript Title
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Dr. Udy has nothing to disclose.

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