

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)

Nora

2. Surname (Last Name)

Mayer

3. Date

17-August-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Periklis Perikleous

5. Manuscript Title

A rare manifestation of Klippel-Trenaunay syndrome with bilateral chylothorax requiring surgical management; a case report.

6. Manuscript Identifying Number (if you know it)

CCTS-20-111

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Dr. Mayer 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)

Periklis

2. Surname (Last Name)

Perikleous

3. Date

18-August-2020

4. Are you the corresponding author?

Yes No

5. Manuscript Title

A rare manifestation of Klippel-Trenaunay syndrome with bilateral chylothorax requiring surgical management; a case report.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Katherine

2. Surname (Last Name)
de Rome

3. Date
18-August-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Periklis Perikleous

5. Manuscript Title

A rare manifestation of Klippel-Trenaunay syndrome with bilateral chylothorax requiring surgical management; a case report.

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Section 1. Identifying Information

1. Given Name (First Name)

Yu Zhi

2. Surname (Last Name)

Zhang

3. Date

17-August-2020

4. Are you the corresponding author?

Yes

No

Corresponding Author's Name

Periklis Perikleous

5. Manuscript Title

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Andrew	2. Surname (Last Name) Nicholson	3. Date 17-August-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Periklis Perikleous
5. Manuscript Title A rare manifestation of Klippel-Trenaunay syndrome with bilateral chylothorax requiring surgical management; a case report		
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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) Vladimir	2. Surname (Last Name) Anikin	3. Date 18-August-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Periklis Perikleous
5. Manuscript Title A rare manifestation of Klippel-Trenaunay syndrome with bilateral chylothorax requiring surgical management; a case report.		
6. Manuscript Identifying Number (if you know it) CCTS-20-111		

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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Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Dr. Anikin has nothing to disclose.

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