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# ICMJE Form for Disclosure of Potential Conflicts of Interest

## Section 1. Identifying Information

<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>Karl-Hermann</td>
<td>Fuchs</td>
<td>19-April-2020</td>
</tr>
</tbody>
</table>

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

5. Manuscript Title  
   Pathophysiology of GERD - which factors are important?

6. Manuscript Identifying Number (if you know it)

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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 [x]  

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

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   - Yes [ ]  
   - No [x]  

## Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  
   - Yes [ ]  
   - No [x]  

---

Fuchs
ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 5. Relationships not covered above

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Dr. Fuchs has nothing to disclose.

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### Section 1. Identifying Information

1. **Given Name (First Name)**  
   Arielle M

2. **Surname (Last Name)**  
   Lee

3. **Date**  
   19-April-2020

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

   **Corresponding Author’s Name**  
   Karl-Hermann Fuchs

5. **Manuscript Title**  
   Pathophysiology of GERD - which factors are important?

6. **Manuscript Identifying Number (if you know it)**

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Are there any relevant conflicts of interest?  
[ ] Yes  
✔ No

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Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  
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Dr. Lee 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) Wolfram
2. Surname (Last Name) Breithaupt
3. Date 19-April-2020
4. Are you the corresponding author? No
5. Manuscript Title Pathophysiology of GERD - which factors are important?
6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest? No

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? No
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Dr. Breithaupt 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)  
   Gabor

2. Surname (Last Name)  
   Varga

3. Date  
   19-April-2020

4. Are you the corresponding author?  
   Yes ✔ No

   Corresponding Author’s Name  
   Karl-Hermann Fuchs

5. Manuscript Title  
   Pathophysiology of GERD - which factors are important?

6. Manuscript Identifying Number (if you know it)

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Dr. Varga has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  Benjamin
2. Surname (Last Name)  Babic
3. Date  19-April-2020
4. Are you the corresponding author?  Yes  No
5. Manuscript Title
Pathophysiology of GERD - which factors are important?
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Corresponding Author’s Name
Karl-Hermann Fuchs

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Dr. Babic has nothing to disclose.

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**Non-Financial Support:** Examples include drugs/equipment supplied by the entity, travel paid by the entity, writing assistance, administrative support, etc.

**Other:** Anything not covered under the previous three boxes

**Pending:** The patent has been filed but not issued

**Issued:** The patent has been issued by the agency

**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)  
   Santiago

2. Surname (Last Name)  
   Horgan

3. Date  
   19-April-2020

4. Are you the corresponding author?  
   Yes ☑ No

Corresponding Author’s Name  
Karl-Hermann Fuchs

5. Manuscript Title  
   Pathophysiology of GERD - which factors are important?

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?  
Yes ☑ No

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

Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the “Add +” box. You should report relationships that were **present during the 36 months prior to publication**.

Are there any relevant conflicts of interest?  
Yes ☑ No

If yes, please fill out the appropriate information below.

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<tr>
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<th>Grant?</th>
<th>Personal Fees?</th>
<th>Non-Financial Support?</th>
<th>Other?</th>
<th>Comments</th>
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**Section 4. Intellectual Property -- Patents & Copyrights**

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  
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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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At the time of manuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements. On occasion, journals may ask authors to disclose further information about reported relationships.

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Dr. Horgan reports other from stock option from Torax medical, outside the submitted work.

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