ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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**Section 1. Identifying Information**

<table>
<thead>
<tr>
<th>1. Given Name (First Name)</th>
<th>2. Surname (Last Name)</th>
<th>3. Date</th>
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<tbody>
<tr>
<td>Chiranjeevi</td>
<td>Gadiparthi</td>
<td>18-October-2020</td>
</tr>
</tbody>
</table>

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

5. Manuscript Title
   Acute Pancreatitis in a Patient with COVID-19- A case report

6. Manuscript Identifying Number (if you know it)
   TGH-20-234-R2

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Section 6. Disclosure Statement

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Dr. Gadiparthi 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)**
   - Sonmoon

2. **Surname (Last Name)**
   - Mohapatra

3. **Date**
   - 16-October-2020

4. Are you the corresponding author?  
   - Yes  ✔  No

   **Corresponding Author’s Name**
   - Chiranjeevi Gadiparthi, MD

5. **Manuscript Title**
   - Acute Pancreatitis in a Patient with COVID-19: A Case Report

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?  
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- 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. Mohapatra has nothing to disclose.

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Kanna
**ICMJE Form for Disclosure of Potential Conflicts of Interest**

### Section 1. Identifying Information

1. **Given Name (First Name)**
   Sowjanya

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

3. **Date**
   16-October-2020

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

   **Corresponding Author’s Name**
   Chiranjeevi Gadiparthi

5. **Manuscript Title**
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6. **Manuscript Identifying Number (if you know it)**
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- [ ] Yes
- [x] No

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- [ ] Yes
- [x] No

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

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?

- [ ] Yes
- [x] No
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Section 1. Identifying Information

1. Given Name (First Name) Sai Pavan Vinit Krishna
2. Surname (Last Name) Vykuntam
3. Date 18-October-2020
4. Are you the corresponding author? [ ] Yes [✓] No
   Corresponding Author’s Name Dr Chiranjeevi Gadiparthi
5. Manuscript Title Acute Pancreatitis in a Patient with COVID-19: A Case Report
6. Manuscript Identifying Number (if you know it) TGH-20-234-R2

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Dr. Vykuntam has nothing to disclose.

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1. Given Name (First Name)  
   William

2. Surname (Last Name)  
   Chen

3. Date  
   17-October-2020

4. Are you the corresponding author?  
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   Corresponding Author’s Name  
   Chiranjeevi Gadiparthi

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