

## **Authors' Disclosure Potential Conflict of Interests\***

Fitle of manuscript
Manuscript numberAuthor's Name
Are you the corresponding author? -Y -N
,, certify that all relevant financial, personal, or professional relationship with other people or organizations that pose a conflict of interest, that could reasonably be perceived a cosing a conflict of interest, or that could potentially influence or bias my work described in the manuscrip have been fully and truthfully disclosed in the space below. Such relationships include affiliations and inancial involvement within the past 3 years and in the foreseeable future (as specified below) with an organization or entity that has financial interests in or financial conflicts with the subject matter or material discussed in the manuscript. I hereby agree to the publication of all such disclosures in the Acknowledgement section of the article should the manuscript be accepted for publication in the Europeal Journal of Case Reports in Internal Medicine. Check each item that applies and give details in the space provided.  If you have no relationships or conflicts to disclose, you must indicate "None" in the appropriate category(ies below:  • Employment
• Employment
<ul> <li>Research funding (Include funds received or pending for research in which you were the principal investigator, collaborator, or consultant)</li> </ul>
Other Research Support (Includes receipt of drugs, supplies, equipment, or other in-kind support
Honoraria (Include fees received for speaking during symposia and other meetings or occasions)
• Expert Witness – (Serving as an expert witness, consultant or otherwise providing a deposition testimony, or other information, analysis or document for a lawsuit, government agency proceeding grand jury, or other legal proceeding, even if the case did not go to trial)
Ownership Interest (Stocks or stock options; partnership, membership, any rights in any patent of other intellectual property)
• Other
Author's signature:

\*Please sign and fax or e-mail to the contacts below