

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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4. Intellectual Property.

This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

5. Relationships not covered above.

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Pending: The patent has been filed but not issued

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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)
Stefan

2. Surname (Last Name)
Volz

3. Date
13-May-2016

4. Are you the corresponding author? Yes No

5. Manuscript Title
Abnormal spikes in ECG caused by Gastral Neurostimulator

6. Manuscript Identifying Number (if you know it)
L16-0002

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

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Are there any relevant conflicts of interest? Yes No

Section 4. Intellectual Property -- Patents & Copyrights

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

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Section 6. Disclosure Statement

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Dr. Volz has nothing to disclose.

Evaluation and Feedback

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Section 1. Identifying Information

1. Given Name (First Name) Sebastian	2. Surname (Last Name) Reif	3. Date 14-May-2016
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Maximilian Tiller
5. Manuscript Title Abnormal spikes in ECG caused by Gastral Neurostimulator.		
6. Manuscript Identifying Number (if you know it) L16-0002		

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest? Yes No

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Are there any relevant conflicts of interest? Yes No

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Medtronic Inc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Honoraria for lectures
Biotronik SE & Co. KG	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Clinical research
Medtronic Inc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Clinical research
Sorin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Clinical research
Zoll GmbH	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Clinical research
Boston Scientific GmbH	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Fellowship support
Sorin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Honoraria
Biotronik SE & Co. KG	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Travel expenses

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Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Boston Scientific GmbH	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Travel expenses
Medtronic Inc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Travel expenses

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Dr. Reif reports other from Medtronic Inc., other from Biotronik SE & Co. KG, other from Medtronic Inc., other from Sorin, other from Zoll GmbH, other from Boston Scientific GmbH, other from Sorin, other from Biotronik SE & Co. KG, other from Boston Scientific GmbH, other from Medtronic Inc., outside the submitted work; .

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Section 1. Identifying Information

1. Given Name (First Name)
Felix

2. Surname (Last Name)
Gundling

3. Date
06-August-2016

4. Are you the corresponding author? Yes No

5. Manuscript Title
Abnormal spikes in ECG caused by Gastral Neurostimulator.

6. Manuscript Identifying Number (if you know it)
L16-0002

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none

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Tiller

2. Surname (Last Name)
Maximilian

3. Date
12-May-2016

4. Are you the corresponding author? Yes No

5. Manuscript Title
Abnormal spikes in ECG caused by Gastral Neurostimulator

6. Manuscript Identifying Number (if you know it)

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Section 1. Identifying Information

1. Given Name (First Name) Wolfgang	2. Surname (Last Name) Schepp	3. Date 09-September-2016
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Maximilian Tiller
5. Manuscript Title Neuromodulation of Gastric Muscle Can Affect the Electrocardiogram: A Case Report		
6. Manuscript Identifying Number (if you know it) L16-0002		

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