

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

Ariane

2. Surname (Last Name)

Barbacki

3. Date

14-December-2017

4. Are you the corresponding author?

Yes No

5. Manuscript Title

Immune-Mediated Necrotizing Myopathy and Dietary Sources of Statins

6. Manuscript Identifying Number (if you know it)

L17-0620

Section 2. The Work Under Consideration for Publication

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Section 1. Identifying Information

1. Given Name (First Name) Jason	2. Surname (Last Name) Karamchandani	3. Date 14-December-2107
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Ariane Barbacki
5. Manuscript Title "Immune-Mediated Necrotizing Myopathy and Dietary Sources of Statins"		
6. Manuscript Identifying Number (if you know it) L17-0620		

Section 2. The Work Under Consideration for Publication

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Dr. Karamchandani has nothing to disclose.

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1. Given Name (First Name) Sabrina	2. Surname (Last Name) Fallavollita	3. Date 14-December-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Ariane Barbaski
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Abbvie, Pfizer, Roche, Novartis I received honoraria for attending advisory boards.

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Dr. Fallavollita reports receiving consulting fees and honoraria from Abbvie, Pfizer, Roche, Novartis in the last 36 months

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1. Given Name (First Name)

Marie

2. Surname (Last Name)

Hudson

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Yes No

Corresponding Author's Name

Ariane Barbacki

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