

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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Section 1. Identifying Information

1. Given Name (First Name)

Zahir

2. Surname (Last Name)

Amoura

3. Date

05-November-2019

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Pineton de chambrun

5. Manuscript Title

Severe Viral Myopericarditis Associated with Anti-RNA Polymerase III autoantibodies: A New Entity

6. Manuscript Identifying Number (if you know it)

M19-3074

Section 2. The Work Under Consideration for Publication

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Dr. Amoura has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
Marc

2. Surname (Last Name)
Pineton de Chambrun

3. Date
05-November-2019

4. Are you the corresponding author? Yes No

5. Manuscript Title
Severe Viral Myopericarditis Associated with Anti-RNA Polymerase III autoantibodies: A New Entity

6. Manuscript Identifying Number (if you know it)
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1. Given Name (First Name)

ALAIN

2. Surname (Last Name)

COMBES

3. Date

05-November-2019

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

PINETON

5. Manuscript Title

Severe Viral Myopericarditis Associated with Anti-RNA Polymerase III autoantibodies: A New Entity

6. Manuscript Identifying Number (if you know it)

M19-3074

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Dr. COMBES has nothing to disclose.

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1. Given Name (First Name)
francois

2. Surname (Last Name)
lifermann

3. Date
27-September-2016

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
terrier

5. Manuscript Title
angiimmunoblastic T-cell lymphoma mimicking eosinophilic granulomatosis with polyangiitis (Churg-Strauss)

6. Manuscript Identifying Number (if you know it)

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Guillaume

2. Surname (Last Name)

HEKIMIAN

3. Date

05-November-2019

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Yes No

Corresponding Author's Name

PINETON DE CHAMBRUN

5. Manuscript Title

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1. Given Name (First Name) Isabelle	2. Surname (Last Name) Melki	3. Date 05-November-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Marc Pineton de Chambrun
5. Manuscript Title Severe Viral Myopericarditis with Autoantibodies Directed against RNA Polymerase III		
6. Manuscript Identifying Number (if you know it) M19-3074		

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.

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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

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 5. Relationships not covered above

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Section 6. Disclosure Statement

Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Dr. Melki has nothing to disclose.

Evaluation and Feedback

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Issued: The patent has been issued by the agency

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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) Charuel	2. Surname (Last Name) Jean-Luc	3. Date 06-November-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Marc Pineton de Chambrun, MD, MSc
5. Manuscript Title Severe Viral Myopericarditis Associated with Anti-RNA Polymerase III autoantibodies: A New Entity.		
6. Manuscript Identifying Number (if you know it) M19-3074		

Section 2. The Work Under Consideration for Publication

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Fleur	2. Surname (Last Name) Cohen-Aubart	3. Date 16-November-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Marc PINETON de CHAMBRUN
5. Manuscript Title Severe Viral Myopericarditis Associated with Anti-RNA Polymerase III autoantibodies: A New Entity		
6. Manuscript Identifying Number (if you know it) M19-3074		

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

Section 4. Intellectual Property -- Patents & Copyrights

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Alexis	2. Surname (Last Name) Mathian	3. Date 17-November-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name _____
5. Manuscript Title Severe Viral Myopericarditis Associated with Anti-RNA Polymerase III autoantibodies: A New Entity		
6. Manuscript Identifying Number (if you know it) M19-3074		

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Dr. Mathian 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)
Marc

2. Surname (Last Name)
Pineton de Chambrun

3. Date
05-November-2019

4. Are you the corresponding author? Yes No

5. Manuscript Title
Severe Viral Myopericarditis Associated with Anti-RNA Polymerase III autoantibodies: A New Entity

6. Manuscript Identifying Number (if you know it)
M19-3074

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Charles-Edouard

2. Surname (Last Name)
Luyt

3. Date
15-November-2019

4. Are you the corresponding author? Yes No
Corresponding Author's Name
Dr Pineton

5. Manuscript Title
Severe Viral Myopericarditis Associated with Anti-RNA Polymerase III autoantibodies: A New Entity

6. Manuscript Identifying Number (if you know it)
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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
Bayer HealthCare	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Board on inhaled amikacin
MSD	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Lecture on antibiotic
Biomérieux	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Lecture on viral infection
ThermoFischer Brahms	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Board on procalcitonin
Carmat	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Board on circulatory mechanical support

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Dr. Luyt reports personal fees from Bayer HealthCare, personal fees from MSD, personal fees from Biomérieux, personal fees from ThermoFischer Brahms, personal fees from Carmat, outside the submitted work; .

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