

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.

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Section 1. Identifying Information

1. Given Name (First Name) Carlos	2. Surname (Last Name) Chiesa Estomba	3. Date 21-May-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Jerome R Lechien
5. Manuscript Title Loss of Smell and Taste in 2,013 European Mild-to-Moderation COVID-19 Patients		
6. Manuscript Identifying Number (if you know it) M20-2428		

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Any disclosure to declare

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Sven	2. Surname (Last Name) Saussez	3. Date 04-May-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name lechien jr
5. Manuscript Title Loss of Smell and Taste in European Mild-to-Moderation COVID-19 Patients		
6. Manuscript Identifying Number (if you know it)		

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Dr. Saussez has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
Stéphane

2. Surname (Last Name)
HANS

3. Date
21-May-2020

4. Are you the corresponding author? Yes No

5. Manuscript Title
Loss of Smell and Taste in 2,013 European Mild-to-Moderation COVID-19 Patients

6. Manuscript Identifying Number (if you know it)
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Section 1. Identifying Information

1. Given Name (First Name)
Jerome

2. Surname (Last Name)
Lechien

3. Date
21-May-2020

4. Are you the corresponding author? Yes No

5. Manuscript Title
Loss of Smell and Taste in 2,013 European Mild-to-Moderation COVID-19 Patients

6. Manuscript Identifying Number (if you know it)

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Dr. Lechien & other co-authors have nothing to disclose.

Evaluation and Feedback

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) MARIA ROSARIA
 2. Surname (Last Name) BARILLARI
 3. Date 22/05/2020
 4. Are you the corresponding author? Yes No

5. Manuscript Title LOSS OF SHELK AND TASTE IN 2013 EUROPEAN TILD-TO-ROBEAM COVID-19 PATIENT
 6. Manuscript Identifying Number (if you know it) #120-2428

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SAVE

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Lionel

2. Surname (Last Name)

Jouffe

3. Date

05-May-2020

4. Are you the corresponding author?

 Yes No

Corresponding Author's Name

Jerome Lechien

5. Manuscript Title

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