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)  Héctor
2. Surname (Last Name)  Losada
3. Date  30-March-2020
4. Are you the corresponding author?  ✔ Yes  No

5. Manuscript Title
Rectal diclofenac for prevention of post-endoscopic retrograde cholangiography pancreatitis.

6. Manuscript Identifying Number (if you know it)
APM-19-395

Section 2. The Work Under Consideration for Publication

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Section 6. Disclosure Statement

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Dr. Losada has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  
Pablo I.

2. Surname (Last Name)  
San Martin

3. Date  
30-March-2020

4. Are you the corresponding author?  
✔ No

Corresponding Author’s Name  
Hector Losada

5. Manuscript Title  
Rectal diclofenac for prevention of post-endoscopic retrograde cholangiography pancreatitis.

6. Manuscript Identifying Number (if you know it)  
APM-19-395

Section 2. The Work Under Consideration for Publication

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Dr. San Martin has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Andrés
2. Surname (Last Name) Troncoso
3. Date 30-March-2020
4. Are you the corresponding author? [ ] Yes ✔ No
   Corresponding Author’s Name Hector Losada
5. Manuscript Title
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Troncoso
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<thead>
<tr>
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<th>2. Surname (Last Name)</th>
<th>3. Date</th>
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<tbody>
<tr>
<td>Jorge</td>
<td>Silvia</td>
<td>30-March-2020</td>
</tr>
</tbody>
</table>

4. Are you the corresponding author?  
   - Yes  
   - No  
   - **Yes**

4. Corresponding Author’s Name  
   Hector Losada

5. Manuscript Title  
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