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)  
   Maria

2. Surname (Last Name)  
   Giroux

3. Date  
   05-July-2020

4. Are you the corresponding author?  
   Yes

5. Manuscript Title  
   Expectant Management of a Viable Caesarean Scar Pregnancy Complicated by Uterine Dehiscence and Massive Hemorrhage: A Case Report and Literature Review

6. Manuscript Identifying Number (if you know it)  
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Dr. Giroux has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  
Huse

2. Surname (Last Name)  
Kamencic

3. Date  
05-July-2020

4. Are you the corresponding author?  
☑ No

Corresponding Author's Name  
Dr. Maria Giroux

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Dr. Kamencic has nothing to disclose.

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1. Given Name (First Name)  
   Tatiana

2. Surname (Last Name)  
   Fras

3. Date  
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4. Are you the corresponding author?  
   ☑ No

   Corresponding Author’s Name  
   Dr. Maria Giroux

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<thead>
<tr>
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<th>2. Surname (Last Name)</th>
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</tr>
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<tbody>
<tr>
<td>Susan</td>
<td>McLellan</td>
<td>05-July-2020</td>
</tr>
</tbody>
</table>

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Corresponding Author's Name
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1. Given Name (First Name)  
   OLANREWAJU

2. Surname (Last Name)  
   ONASANYA

3. Date  
   05-July-2020

4. Are you the corresponding author?  
   No

   Corresponding Author’s Name  
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3. Relevant financial activities outside the submitted work.

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

5. Relationships not covered above.

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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) Adewumi
2. Surname (Last Name) Adanlawo
3. Date 05-July-2020
4. Are you the corresponding author? No

Corresponding Author's Name
Dr. Maria Giroux

5. Manuscript Title
Expectant Management of a Viable Caesarean Scar Pregnancy Complicated by Uterine Dehiscence and Massive Hemorrhage: A Case Report and Literature Review

6. Manuscript Identifying Number (if you know it)
GPM-19-39

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.)? No

Are there any relevant conflicts of interest? No

Section 3. Relevant financial activities outside the submitted work.

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Are there any relevant conflicts of interest? No

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? No
Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?

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Dr. Adanlawo has nothing to disclose.

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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.

1. **Identifying information.**

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  Rajesh
2. Surname (Last Name)  Patel
3. Date  05-July-2020
4. Are you the corresponding author?  Yes  No

Dr. Maria Giroux

5. Manuscript Title
Expectant Management of a Viable Cesarean Scar Pregnancy Complicated by Uterine Dehiscence and Massive Hemorrhage: A Case Report and Literature Review

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Section 6. Disclosure Statement

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Dr. Patel has 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)  
   George

2. Surname (Last Name)  
   Carson

3. Date  
   05-July-2020

4. Are you the corresponding author?  
   Yes ☐  No ☑

Corresponding Author’s Name  
Dr. Maria Giroux

5. Manuscript Title  
   Expectant Management of a Viable Caesarean Scar Pregnancy Complicated by Uterine Dehiscence and Massive Hemorrhage: A Case Report and Literature Review

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   Yes ☐  No ☑

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Dr. Carson has nothing to disclose.

[Signature]

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