ICMJE Form for Disclosure of Potential Conflicts of Interest

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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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  Danny
2. Surname (Last Name)  Issa
3. Date  05-June-2020
4. Are you the corresponding author?  Yes ✔ No

5. Manuscript Title
Azithromycin versus Erythromycin Infusions Prior to Endoscopy in Upper Gastrointestinal Bleeding

6. Manuscript Identifying Number (if you know it)
TGH-20-51

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

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Section 6. Disclosure Statement

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Dr. Issa has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Sanjeev
2. Surname (Last Name) Solomon
3. Date 09-June-2020
4. Are you the corresponding author? ☐ Yes ☑ No
   Corresponding Author's Name Danny Issa
5. Manuscript Title Azithromycin versus Erythromycin Infusions Prior to Endoscopy in Upper Gastrointestinal Bleeding
6. Manuscript Identifying Number (if you know it) TGH-20-51

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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Dr. Solomon 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) Jonathan
2. Surname (Last Name) Hillyard
3. Date 09-June-2020

4. Are you the corresponding author? ☑ No

Corresponding Author’s Name
Danny Issa

5. Manuscript Title
Azithromycin versus Erythromycin Infusions Prior to Endoscopy in Upper Gastrointestinal Bleeding

6. Manuscript Identifying Number (if you know it)
TGH-20-51

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.)?

Yes ☑ No

Are there any relevant conflicts of interest?

Yes ☑ No

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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
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Dr. Hillyard 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) | 2. Surname (Last Name) | 3. Date |
|----------------------------|------------------------|---------|
| Brian                      | Di Pace                | 10-June-2020 |

4. Are you the corresponding author? Yes [ ] No [x]  
Corresponding Author's Name: Danny Issa

5. Manuscript Title: Azithromycin versus Erythromycin Infusions Prior to Endoscopy in Upper Gastrointestinal Bleeding

6. Manuscript Identifying Number (if you know it): TGH-20-51

#### Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest? Yes [ ] No [x]

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#### Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes [ ] No [x]
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Dr. Di Pace has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Christopher
2. Surname (Last Name) Young
3. Date 09-June-2020
4. Are you the corresponding author? ☑ No

Corresponding Author's Name
Danny Issa

5. Manuscript Title
Azithromycin versus Erythromycin Infusions Prior to Endoscopy in Upper Gastrointestinal Bleeding

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**Pending:** The patent has been filed but not issued

**Issued:** The patent has been issued by the agency

**Licensed:** The patent has been licensed to an entity, whether earning royalties or not

**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)  
   Patricia

2. Surname (Last Name)  
   Uber

3. Date  
   11-June-2020

4. Are you the corresponding author?  
   Yes ☑

   Corresponding Author's Name  
   Danny Issa

5. Manuscript Title  
   Azithromycin versus Erythromycin Infusions Prior to Endoscopy in Upper Gastrointestinal Bleeding

6. Manuscript Identifying Number (if you know it)  
   TGH-20-51

## 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.

Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the "Add +" box. You should report relationships that were present during the 36 months prior to publication. 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 ☑
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. Uber has nothing to disclose.

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4. **Intellectual Property.**

5. **Relationships not covered above.**

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Adam
2. Surname (Last Name) Sima
3. Date 05-June-2020

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

Corresponding Author’s Name
Danny Issa

5. Manuscript Title
Azithromycin versus Erythromycin Infusions Prior to Endoscopy in Upper Gastrointestinal Bleeding

6. Manuscript Identifying Number (if you know it)
TGH-20-51

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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

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

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

Dr. Sima has nothing to disclose.

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Please visit http://www.icmje.org/cgi-bin/feedback to provide feedback on your experience with completing this form.
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4. Intellectual Property.

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

5. Relationships not covered above.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

**Section 1. Identifying Information**

1. Given Name (First Name) Reem
2. Surname (Last Name) Sharaiha
3. Date 05-June-2020

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

Corresponding Author's Name
Danny Issa

5. Manuscript Title
Azithromycin versus Erythromycin Infusions Prior to Endoscopy in Upper Gastrointestinal Bleeding

6. Manuscript Identifying Number (if you know it)
TGH-20-51

**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

If yes, please fill out the appropriate information below.

| Name of Entity             | Grant? | Personal Fees? | Non-Financial Support? | Other? | Comments |
|----------------------------|--------|----------------|------------------------|--------|----------|
| Olympus Co. USA            | ☐      | ☐             | ☐                      | ☑      | Consultant |
| Boston Scientific Co.      | ☐      | ☐             | ☐                      | ☑      | Consultant |
| Cook medical Co.           | ☐      | ☐             | ☐                      | ☑      | Consultant |

**Section 4. Intellectual Property -- Patents & Copyrights**

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? ☐ Yes ☑ No

Sharaiha
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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. Sharaiha reports other from Olympus Co. USA, other from Boston Scientific Co., other from Cook medical Co., outside the submitted work;

Evaluation and Feedback

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- **Royalties**: Funds are coming in to you or your institution due to your patent
Section 1. Identifying Information

1. Given Name (First Name)
   George

2. Surname (Last Name)
   Smallfield

3. Date
   09-June-2020

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

Corresponding Author's Name
Danny Issa

5. Manuscript Title
   Azithromycin versus Erythromycin Infusions Prior to Endoscopy in Upper Gastrointestinal Bleeding

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Dr. Smallfield has nothing to disclose.

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