

## 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.

#### 2. The work under consideration for publication.

This section asks for information about the work that you have submitted for publication. The time frame for this reporting is that of the work itself, from the initial conception and planning to the present. The requested information is about resources that you received, either directly or indirectly (via your institution), to enable you to complete the work. Checking "No" means that you did the work without receiving any financial support from any third party -- that is, the work was supported by funds from the same institution that pays your salary and that institution did not receive third-party funds with which to pay you. If you or your institution received funds from a third party to support the work, such as a government granting agency, charitable foundation or commercial sponsor, check "Yes".

#### 3. Relevant financial activities outside the submitted work.

This section asks about your financial relationships with entities in the bio-medical arena that could be perceived to influence, or that give the appearance of potentially influencing, what you wrote in the submitted work. You should disclose interactions with ANY entity that could be considered broadly relevant to the work. For example, if your article is about testing an epidermal growth factor receptor (EGFR) antagonist in lung cancer, you should report all associations with entities pursuing diagnostic or therapeutic strategies in cancer in general, not just in the area of EGFR or lung cancer.

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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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#### Definitions.

**Entity:** government agency, foundation, commercial sponsor, academic institution, etc.

**Grant:** A grant from an entity, generally [but not always] paid to your organization

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**Other:** Anything not covered under the previous three boxes

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)

Ana Maria

2. Surname (Last Name)

Cabanne

3. Date

24-October-2017

4. Are you the corresponding author?

☐ Yes☒ No

Corresponding Author's Name

Cinthia G. Goldman

5. Manuscript Title

Helicobacter pylori and corpus gastric pathology are associated with lower serum ghrelin

6. Manuscript Identifying Number (if you know it)

36719

### 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

ADD

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Are there any relevant conflicts of interest? ☐ Yes ☒ No

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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



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### Section 5.

#### Relationships not covered above

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#### Generate Disclosure Statement

Dr. Cabanne 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) Rodolfo	2. Surname (Last Name) Corti	3. Date 24-October-2017
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Cynthia G. Goldman
5. Manuscript Title Helicobacter pylori and corpus gastric pathology are associated with lower serum ghrelin		
6. Manuscript Identifying Number (if you know it) 36719		

### 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

ADD

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### 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)

Cinthia

2. Surname (Last Name)

Goldman

3. Date

24-October-2017

4. Are you the corresponding author?

☒ Yes ☐ No

5. Manuscript Title

Helicobacter pylori and corpus gastric pathology are associated with lower serum ghrelin

6. Manuscript Identifying Number (if you know it)

36719

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

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Are there any relevant conflicts of interest? ☒ Yes ☐ No

If yes, please fill out the appropriate information below. If you have more than one entity press the "ADD" button to add a row. Excess rows can be removed by pressing the "X" button.

Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments	
International Atomic Energy Agency (IAEA), Vienna, Austria	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Coordinated Research Project (CRP) E43025 No. ARG-16746	X
Universidad de Buenos Aires (UBA), Buenos Aires, Argentina	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	UBACYT 20020100100837 and UBACYT 20020130100645BA	X
						ADD

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



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#### Generate Disclosure Statement

Dr. Goldman reports grants from International Atomic Energy Agency (IAEA), Vienna, Austria, grants from Universidad de Buenos Aires (UBA), Buenos Aires, Argentina, during the conduct of the study.

### 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) Mariana	2. Surname (Last Name) Janjetic	3. Date 24-October-2017
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Cinthia G. Goldman
5. Manuscript Title Helicobacter pylori and corpus gastric pathology are associated with lower serum ghrelin		
6. Manuscript Identifying Number (if you know it) 36719		

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

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ADD

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1. Given Name (First Name) Paula	2. Surname (Last Name) Mantero	3. Date 24-October-2017
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Cynthia G. Goldman
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This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

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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)

Liliana

2. Surname (Last Name)

Marchesi Olid

3. Date

24-October-2017

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name

Cynthia G. Goldman

5. Manuscript Title

Helicobacter pylori and corpus gastric pathology are associated with lower serum ghrelin

6. Manuscript Identifying Number (if you know it)

36719

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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

ADD

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Are there any relevant conflicts of interest?

☐ Yes

☒ No

ADD

### 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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### Section 5.

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### Section 6.

#### Disclosure Statement

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#### Generate Disclosure Statement

Dr. Liliana 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) Gonzalo	2. Surname (Last Name) Matus	3. Date 24-October-2017
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Cinthia G. Goldman
5. Manuscript Title Helicobacter pylori and corpus gastric pathology are associated with lower serum ghrelin		
6. Manuscript Identifying Number (if you know it) 36719		

### 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

ADD

### Section 3. Relevant financial activities outside the submitted work.

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Are there any relevant conflicts of interest? ☐ Yes ☒ No

ADD

### 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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### Section 6.

#### Disclosure Statement

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

#### Generate Disclosure Statement

Dr. Matus 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)

Maria Marta

2. Surname (Last Name)

Piskorz

3. Date

24-October-2017

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name

Cynthia G. Goldman

5. Manuscript Title

Helicobacter pylori and corpus gastric pathology are associated with lower serum ghrelin

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Are there any relevant conflicts of interest? ☐ Yes ☒ No

ADD

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Are there any relevant conflicts of interest? ☐ Yes ☒ No

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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

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Dr. Piskorz 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) Gerardo	2. Surname (Last Name) Zerbetto de Palma	3. Date 24-October-2017
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Cinthia G. Goldman
5. Manuscript Title Helicobacter pylori and corpus gastric pathology are associated with lower serum ghrelin		
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Are there any relevant conflicts of interest? ☐ Yes ☒ No

ADD

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Are there any relevant conflicts of interest? ☐ Yes ☒ No

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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



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#### Generate Disclosure Statement

Dr. Zerbetto de Palma 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)

Marcela

2. Surname (Last Name)

Zubillaga

3. Date

24-October-2017

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name

Cynthia G. Goldman

5. Manuscript Title

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Are there any relevant conflicts of interest?

☐ Yes

☒ No

ADD

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☒ No

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