ICMJE Form for Disclosure of Potential Conflicts of Interest

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
   Raed

2. Surname (Last Name)  
   Aqel

3. Date  
   18-March-2020

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

5. Manuscript Title  
   Feasibility of Distal Trans-radial Access in The Setting of Acute ST-Elevation Myocardial Infarction

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

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Section 1. Identifying Information

1. Given Name (First Name)  
   Sadi A.

2. Surname (Last Name)  
   Abukhalaf

3. Date  
   18-March-2020

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

Corresponding Author's Name  
Raed Aqel

5. Manuscript Title  
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Dr. Abukhalaf has nothing to disclose.

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1. Given Name (First Name) Rami A.
2. Surname (Last Name) Misk
3. Date 18-March-2020
4. Are you the corresponding author? ■ Yes □ No
Corresponding Author’s Name Raed Aqel

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Dr. Misk has nothing to disclose.

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<th>Jihad Samer</th>
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<td>Zalloum</td>
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Corresponding Author's Name: Raed Aqel

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Dr. Alzughayyar has nothing to disclose.

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