

ICMJE DISCLOSURE FORM

Date: 9/16/2023

Your Name: Rizka Fakhriani

Manuscript Title: Correlation between Anxiety Scores and Recurrence of Allergic Rhinitis

Manuscript Number (if known): JXYM-23-22

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

The author's relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

Please place an "X" next to the following statement to indicate your agreement:

I certify that I have answered every question and have not altered the wording of any of the questions on this form.

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Date: 9/16/2023

Your Name: Deoni Daniswara

Manuscript Title: Correlation between Anxiety Scores and Recurrence of Allergic Rhinitis

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Your Name: Asti Widuri

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