

ICMJE DISCLOSURE FORM

Date: 9/15/22

Your Name: Manoj Palavalli

Manuscript Title: Comprehensive Review of Appendiceal Pseudomyxoma Peritonei

Manuscript number (if known):

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		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
Time frame: Since the initial planning of the work			
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Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<u> x </u> None	
3	Royalties or licenses	<u> x </u> None	
4	Consulting fees	<u> x </u> None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	
11	Stock or stock options	<input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
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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: 9/15/22

Your Name: Andrew Koempel

Manuscript Title: Comprehensive Review of Appendiceal Pseudomyxoma Peritonei

Manuscript number (if known):

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Date: 9/15/22

Your Name: Alex C. Kim

Manuscript Title: Comprehensive Review of Appendiceal Pseudomyxoma Peritonei

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