

ICMJE DISCLOSURE FORM

Date: 9/13/2023

Your Name: Sneha Patnaik

Manuscript Title: Suspected Allergic Contact Dermatitis After Skin Closure with 2-Octylcyanoacrylate: A Case Report

Manuscript Number (if known): GPM-23-20

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.

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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	
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.

ICMJE DISCLOSURE FORM

Date: 9/13/2023

Your Name: Alexandra Melnyk

Manuscript Title: Suspected Allergic Contact Dermatitis After Skin Closure with 2-Octylcyanoacrylate: A Case Report

Manuscript Number (if known): GPM-23-20

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Date: 9/13/2023

Your Name: Laura Vargas

Manuscript Title: Suspected Allergic Contact Dermatitis After Skin Closure with 2-Octylcyanoacrylate: A Case Report

Manuscript Number (if known): GPM-23-20

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Your Name: Mary Ackenbom

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