

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

Please summarize the above conflict of interest in the following box:

I have no conflicts of interest to disclose

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

X_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: October 10th, 2022

Your Name: Tao Jiang

Manuscript Title: Diagnosis and Treatment of Progressive Nodular Histiocytosis: A Case Report and Literature Review

Manuscript number (if known): _____

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 following questions apply to the author’s relationships/activities/interests as they relate to the current manuscript only.

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In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

		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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3	Royalties or licenses	____ None	
4	Consulting fees	____ None	

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ICMJE DISCLOSURE FORM

Date: October 10th, 2022

Your Name: Jingjing Cheng

Manuscript Title: Diagnosis and Treatment of Progressive Nodular Histiocytosis: A Case Report and Literature Review

Manuscript number (if known): _____

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ICMJE DISCLOSURE FORM

Date: October 10th, 2022

Your Name: Xinjie Dun

Manuscript Title: Diagnosis and Treatment of Progressive Nodular Histiocytosis: A Case Report and Literature Review

Manuscript number (if known): _____

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ICMJE DISCLOSURE FORM

Date: October 09th, 2022
 Your Name: Ana Taibo
 Manuscript Title: Diagnosis and Treatment of Progressive Nodular Histiocytosis: A Case Report and Literature Review
 Manuscript number (if known): _____

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 X 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: 2022/10/10
 Your Name: Elena Netchiporouk
 Manuscript Title: Diagnosis and Treatment of Progressive Nodular Histiocytosis: A Case Report and Literature Review
 Manuscript number (if known): _____

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ICMJJE DISCLOSURE FORM

Date: October 10th, 2022
 Your Name: Hongjun Zhang
 Manuscript Title: Diagnosis and Treatment of Progressive Nodular Histiocytosis: A Case Report and Literature Review
 Manuscript number (if known): _____

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