

ICMJE DISCLOSURE FORM

Date: 4/22/2022

Your Name: Basem Rashwan

Manuscript Title: Thoracic Central venous occlusion from the Interventional Radiology Perspective

Manuscript number (if known): CDT-22-93

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.

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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		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			
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	<input checked="" type="checkbox"/> None	
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input type="checkbox"/> None	
3	Royalties or licenses	<input type="checkbox"/> None	
4	Consulting fees	<input type="checkbox"/> None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
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11	Stock or stock options	<input type="checkbox"/> X <input type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
13	Other financial or non-financial interests	<input type="checkbox"/> X <input type="checkbox"/> None	

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

None

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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: 4/28/2022

Your Name: Omar Shwaiki

Manuscript Title: Thoracic Central venous occlusion from the Interventional Radiology Perspective

Manuscript number (if known): CDT-22-93

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Date: 4/20/22

Your Name: Sasan Partovi

Manuscript Title: Thoracic Central venous occlusion from the Interventional Radiology Perspective

Manuscript number (if known): CDT-22-93

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No relevant disclosures related to the manuscript.

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Date: 4/25/2022

Your Name: Karunakaravel Karuppasamy MD

Manuscript Title: Thoracic Central venous occlusion from the Interventional Radiology Perspective

Manuscript number (if known): CDT-22-93

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Date: 4/27/2022

Your Name: Amanjit Gill

Manuscript Title: Thoracic Central venous occlusion from the Interventional Radiology Perspective

Manuscript number (if known): CDT-22-93

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Date: 4/22/2022

Your Name: Sameer Gadani

Manuscript Title: Thoracic Central venous occlusion from the Interventional Radiology Perspective

Manuscript number (if known): CDT-22-93

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