

## ICMJE DISCLOSURE FORM

**Date:** 9/15/2023

**Your Name:** Ireneusz Wiernicki

**Manuscript Title:** Giant ruptured abdominal aortic aneurysm: a case description

**Manuscript Number (if known):** QIMS-23-747-R1

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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**Your Name:** Joanna Wiernicka

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**Date:** 9/15/2023

**Your Name:** Marcin Szemitko

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