

ICMJE DISCLOSURE FORM

Date: March 12, 2024 _____

Your Name: Saif Aljabab _____

Manuscript Title: Effectiveness of Palliative Hemostatic Radiotherapy for Hemoptysis: A Prospective Single Arm Observation Study _____

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.

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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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Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	___ None	
3	Royalties or licenses	___ None	
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13	Other financial or non-financial interests	___ None	

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Date: March 12, 2024 _____

Your Name: Ionut Busca _____

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Date: March 12, 2024 _____

Your Name: Yasir Alayed _____

Manuscript Title: Effectiveness of Palliative Hemostatic Radiotherapy for Hemoptysis: A Prospective Single Arm Observation Study _____

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Date: March 12, 2024 _____
 Your Name: Kristopher Dennis _____
 Manuscript Title: Effectiveness of Palliative Hemostatic Radiotherapy for Hemoptysis: A Prospective Single Arm Observation Study _____
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Date: March 12, 2024 _____

Your Name: Robert McRae _____

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