

ICMJE DISCLOSURE FORM

Date: 18/12/2023

Your Name: Nayesha Mahwish

Manuscript Title: Post-Bariatric Guillain-Barré Syndrome: A Case Report Emphasizing Timely Recognition and Intervention

Manuscript number (if known): JECCM-23-142

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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			
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Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<u>None</u>	
3	Royalties or licenses	<u>None</u>	
4	Consulting fees	<u>None</u>	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	___ None	
6	Payment for expert testimony	___ None	
7	Support for attending meetings and/or travel	___ None	
8	Patents planned, issued or pending	___ None	
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13	Other financial or non-financial interests	___ 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.

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Date: 18/12/2023

Your Name: Eman Ibrahim Mohamed Omara

Manuscript Title: Post-Bariatric Guillain-Barré Syndrome: A Case Report Emphasizing Timely Recognition and Intervention

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Date: 18/12/2023

Your Name: Imran Rangraze

Manuscript Title: Post-Bariatric Guillain-Barré Syndrome: A Case Report Emphasizing Timely Recognition and Intervention

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Date: 18/12/2023

Your Name: Aseilah Al Qaeidy

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