

ICMJJE DISCLOSURE FORM

Date: 2/21/2023

Your Name: Louise E Duvall

Manuscript Title: Title: Investigative Algorithms for Disorders Affecting plasma proteins with a focus on albumin and the calculated globulin fraction. A Narrative Review

Manuscript Number (if known): Click or tap here to enter text.

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 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.

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.

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| 3 | Royalties or licenses | <input checked="" type="checkbox"/> None <table border="1" data-bbox="375 302 1507 401"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> | | | | | | | | | |
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| 8 | Patents planned, issued or pending | <input checked="" type="checkbox"/> None <table border="1" data-bbox="375 1547 1507 1646"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> | | | | | | | | | |
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| | other board, society, committee or advocacy group, paid or unpaid | | |
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Please place an "X" next to the following statement to indicate your agreement:

I certify that I have answered every question and have not altered the wording of any of the questions on this form.

ICMJJE DISCLOSURE FORM

Date: 2/28/2023

Your Name: Alexa R Shipman

Manuscript Title: Investigative Algorithms for Disorders Affecting plasma proteins with a focus on albumin and the calculated globulin fraction. A Narrative Review

Manuscript Number (if known): Click or tap here to enter text.

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ICMJE DISCLOSURE FORM

Date: 2/27/2023

Your Name: Kate Shipman

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| | other board, society, committee or advocacy group, paid or unpaid | Deputy managing editor of Lab Tests Online (UK) | |
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