## ICMJE DISCLOSURE FORM

Date:22 November			
2022			
Your Name: Khezar Syed			
Manuscript Title: Utility of intraparenchymal blood patch testing following CT-guided lung biopsy			
Manuscript number (if known): PCM-22-62(E-PCM-22-9)			

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 <u>current manuscript only</u>.

The author's relationships/activities/interests should be <u>defined broadly</u>. 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.

		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,	_X None	
	medical writing, article processing charges, etc.)  No time limit for this item.		
	No time limit for this item.		
Time frame: past 36 months			36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	X None	
3	Royalties or licenses	X None	
4	Consulting fees	X None	

5	Payment or honoraria for lectures, presentations, speakers bureaus,	XNone	
	manuscript writing or educational events		
6	Payment for expert	XNone	
	testimony		
7	Support for attending meetings and/or travel	XNone	
8	Patents planned, issued or	_XNone	
	pending		
9	Participation on a Data	X None	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	XNone	
	in other board, society, committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	XNone	
12	Descript of a majorna art	V. Name	
12	Receipt of equipment, materials, drugs, medical	XNone	
	writing, gifts or other services		
13	Other financial or non-	_XNone	
	financial interests		
Please summarize the above conflict of interest in the following box:			
١	No conflict		

Please place an "X" next to the following statement to indicate your agreement:

\_\_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	e:11/19/2022_		
You	r Name:_Bryan S. Benn		
Mar	nuscript Title: Utili	ty of intraparenchymal blo	od patch testing following CT-guided lung biopsy
Mar	nuscript number (if known):	PCM-22-62(E-PCM-22-9)_	
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		Time frame: past	36 months
2	Grants or contracts from	XNone	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	xNone	
4			
4	Consulting fees	x_None	

x\_\_None

	Payment or honoraria for			
	lectures, presentations,			
	speakers bureaus,			
	manuscript writing or			
	educational events			
6	Payment for expert	_xNone		
	testimony			
7	Support for attending meetings and/or travel	xNone		
	,			
8	Patents planned, issued or	xNone		
	pending			
9	Participation on a Data	xNone		
	Safety Monitoring Board or			
	Advisory Board			
10	Leadership or fiduciary role	xNone		
	in other board, society,			
	committee or advocacy			
	group, paid or unpaid			
11	Stock or stock options	xNone		
12	Receipt of equipment,	xNone		
	materials, drugs, medical			
	writing, gifts or other			
42	services	N.		_
13	Other financial or non- financial interests	x_None		
	iniancial interests			
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	lo conflict of interest			

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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:11/19/22
Your Name:Jonathan Kurman
Manuscript Title: Utility of intraparenchymal blood patch testing following CT-guided lung biopsy
Manuscript number (if known): PCM-22-62(E-PCM-22-9)

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	manuscript writing or			
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	Safety Monitoring Board or			
10	Advisory Board	V None		
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	committee or advocacy			
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