ICMJE DISCLOSURE FORM

Date: 23 - 08 - 621		
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Your Name:	THE MINE ALASIO OF SOLITARY PULLONARY NOOUGE	IL IT
Manuscript Title: ROLE	OF CI IN HE DIMENDOUS OF SOUR REVIEW SOLID COMPONENT : A NARRATIVE REVIEW	
Manuscript number (if known)+	20MO COMEDNETTING	

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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		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 initi	al planning of the work
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		Time frame: pas	st 36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	
	Consulting fees	None	

	Ta barbanararia for	None	
5	Payment or honoraria for lectures, presentations,		
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events	None	
6	Payment for expert		
	testimony		
		None	
7	Support for attending meetings and/or travel -		
	meetings and/or travel		
8	Patents planned, issued or	None	
	pending		
9	Participation on a Data	None	
J	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	None	
10	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
	Stock or stock options	None	
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		None	
.2	Receipt of equipment, materials, drugs, medical	IVOITC	
	materials, drugs, medical		
	writing, gifts or other		
	services	N1	
.3	Other financial or non-	None	
	financial interests		

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.

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	TICA POOCMOCINI		
Manuscript Title:_	ROLE OF	CT WITH DIAGNOSIS OF SOUTARY PULLDAARY NOOUE	WITH
Manuscript number	er (if known)+ S	OLIO COMPONENT : A NAPPATIVE REVIEW	

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	Time frame: pa	ast 36 months
Grants or contracts from any entity (if not indicated in item #1 above).	None	
Royalties or licenses	None	
Consulting fees	None	

5	Payment or honoraria for	None	
	lectures, presentations, speakers bureaus, manuscript writing or educational events		
6		None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	
11	Stock or stock options	None	
	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
3	Other financial or non- financial interests	None	

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		Time frame: p	past 36 months
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	Royalties or licenses	None	
4	Consulting fees	None	

	in for	None	
	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or		
	educational events	None	
6	Payment for expert testimony		
7	Support for attending meetings and/or travel	None	
	Patents planned, issued or	None	
8	pending		
9	Participation on a Data	None	
	Safety Monitoring Board or Advisory Board		
10	Leadership or fiduciary role in other board, society, committee or advocacy	None	
11	group, paid or unpaid Stock or stock options	None	
2	Receipt of equipment, materials, drugs, medical	None	
	writing, gifts or other services		
13	Other financial or non- financial interests	None	

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