

ICMJE DISCLOSURE FORM

Date: ____ Sept 2nd, 2021 ____

Your Name: ____ Josna Padiyar, DO ____

Manuscript Title: ____ Critical Care Considerations in the Post-operative Period for the Lung Transplant Patient ____

Manuscript number (if known): _ JTD-2019-PPF-21(JTD-21-1441) _____

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