

ICMJE DISCLOSURE FORM

Date: 4th July 2022

Your Name: _ Kanokpan Ruangnapa, MD

Manuscript Title: Treatment and outcome of chylothorax in children: 20-year experience of a single institute

Manuscript number (if known): _ JTD-22-474-CL

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 current manuscript only.

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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)
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1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	__X__ None	
Time frame: past 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, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
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9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
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None.

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Date: 4th July 2022

Your Name: Wanaporn Anuntaseree, MD

Manuscript Title: Treatment and outcome of chylothorax in children: 20-year experience of a single institute

Manuscript number (if known): JTD-22-474-CL

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ICMJE DISCLOSURE FORM

Date: 4th July 2022

Your Name: _ Kantara Saelim, MD

Manuscript Title: Treatment and outcome of chylothorax in children: 20-year experience of a single institute

Manuscript number (if known): _ JTD-22-474-CL

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ICMJE DISCLOSURE FORM

Date: 4th July 2022

Your Name: _ Pharsai Prasertsan, MD

Manuscript Title: Treatment and outcome of chylothorax in children: 20-year experience of a single institute

Manuscript number (if known): _ JTD-22-474-CL

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Date: 4th July 2022

Your Name: _ Maneerat Puwanant, MD

Manuscript Title: Treatment and outcome of chylothorax in children: 20-year experience of a single institute

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Date: 4th July 2022

Your Name: _ Supaporn Dissanevate, MD

Manuscript Title: Treatment and outcome of chylothorax in children: 20-year experience of a single institute

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