

ICMJE DISCLOSURE FORM

Date: 8/23/2022

Your Name: [Harpreet Singh]

Manuscript Title: [Off Label Use of Intrabronchial Valves for Persistent Air Leak is Safe and Effective: A Retrospective Case Analysis]

Manuscript Number (if known): JTD-22-824-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.

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ICMJE DISCLOSURE FORM

Date: 8/23/2022

Your Name: [Jonathan S. Kurman]

Manuscript Title: [Off Label Use of Intrabronchial Valves for Persistent Air Leak is Safe and Effective: A Retrospective Case Analysis]

Manuscript Number (if known): JTD-22-824-CL

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ICMJE DISCLOSURE FORM

Date: 8/23/2022

Your Name: [Chinmay Jani]

Manuscript Title: [Off Label Use of Intrabronchial Valves for Persistent Air Leak is Safe and Effective: A Retrospective Case Analysis]

Manuscript Number (if known): JTD-22-824-CL

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Date: 8/23/2022

Your Name: [Mohammad Abdalla]

Manuscript Title: [Off Label Use of Intrabronchial Valves for Persistent Air Leak is Safe and Effective: A Retrospective Case Analysis]

Manuscript Number (if known): JTD-22-824-CL

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ICMJE DISCLOSURE FORM

Date: 8/23/2022

Your Name: [Brandon DePaul]

Manuscript Title: [Off Label Use of Intrabronchial Valves for Persistent Air Leak is Safe and Effective: A Retrospective Case Analysis]

Manuscript Number (if known): JTD-22-824-CL

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Date: 8/23/2022

Your Name: [Bryan S. Benn]

Manuscript Title: [Off Label Use of Intrabronchial Valves for Persistent Air Leak is Safe and Effective: A Retrospective Case Analysis]

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8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									

		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)
11	Stock or stock options	<input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	
<p>Please place an "X" next to the following statement to indicate your agreement:</p> <p><input checked="" type="checkbox"/> I certify that I have answered every question and have not altered the wording of any of the questions on this form.</p>			