

ICMJE DISCLOSURE FORM

Date: _____ 18/11/22 _____

Your Name: _____ Avinash _____

Aujayeb _____

Manuscript Title: _____ Patient centred care for spontaneous pneumomediastinum: a step in the right direction _____

Manuscript number (if known): _____

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6	Payment for expert testimony	<u> </u> None	
7	Support for attending meetings and/or travel	<u> </u> None	
8	Patents planned, issued or pending	<u> </u> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<u> </u> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<u> </u> None	
11	Stock or stock options	<u> </u> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<u> </u> None	
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