ICMJE DISCLOSURE FORM

Date: March 16 2022

Date:ivialch 16, 2025
Your Name:Clinton T. Morgan
Manuscript Title: Putting on airs again; new insights and questions about spontaneous pneumomediastinum
<u>recurrence</u>
Manuscript number (if known): JTD-23-436
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 <u>current manuscript only</u>.

The author's relationships/activities/interests should be <u>defined broadly</u>. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

		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 initial planning of the work					
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	Time frame: past 36 months					
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5	Payment or honoraria for	XNone				
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	speakers bureaus,					
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	in other board, society,					
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11	Stock or stock options	XNone				
12	Descipt of accimumant	V Name				
12	Receipt of equipment, materials, drugs, medical	X_None				
	writing, gifts or other					
	services					
13	Other financial or non-	X None				
	financial interests					
Plea	Please summarize the above conflict of interest in the following box:					
N	None.					

None.			

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.