ICMJE DISCLOSURE FORM

Pate:9/13/2023 Your Name: Moayad Al Sona		-
Manuscript Title: Endobronchial ultras	ound (EBUS) guided transbronchial mini forceps	biopsy an urban center experience
Manuscript number (if known): JTD-2		

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</u> <u>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
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.	None	
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	
4	Consulting fees	None	

5	•	None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	None	
	testimony		
	-		
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or	None	
	pending		
9	Participation on a Data	None	
9	Safety Monitoring Board or	None	
	Advisory Board		
10	Leadership or fiduciary role	None	
10	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	None	
12	Receipt of equipment,	None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	None	
	financial interests		
Plea	se summarize the above co	nflict of interest in the foll	owing box:

Please place an "X" next to the following statement to indicate your agreement:

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ICMJE DISCLOSURE FORM

Date:9/13/2023 Your Name: Oshi Esivue	
Manuscript Title: Endobronchial ultrasound (EBUS) guided transbronchial min	 ni forceps biopsy an urban center experience
Manuscript number (if known): JTD-23-884	

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	group, paid or unpaid		
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Manuscript number (if known): JTD-23-884	
Manuscript Title: Endobronchial ultrasound (EBUS) guided transbronchial mir	ni forceps biopsy an urban center experience.
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Your Name:Sadia	
Date:9/12/2023	

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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		1	ar planning of the work
1	All support for the present manuscript (e.g., funding,	x_None	
	provision of study materials,	AARLES	100000000000000000000000000000000000000
	medical writing, article processing charges, etc.)		
	No time limit for this item.		
		Time frame: pas	st 36 months
2	Grants or contracts from any entity (if not indicated	xNone	
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3 -	Royalties or licenses	_x_None	

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	speakers bureaus,		
	manuscript writing or educational events		
	Payment for expert	x_None	
	testimony	<u> </u>	
	Support for attending	x_None	
	meetings and/or travel		
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	Participation on a Data	x_None	
	Safety Monitoring Board or		
.0	Advisory Board Leadership or fiduciary role	x None	
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	committee or advocacy		A ALLAN ARMININA ARMI
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1	Stock or stock options	x_None	
2	Receipt of equipment,	x None	
-	materials, drugs, medical		
	writing, gifts or other		
entre successive	services		
3	Other financial or non- financial interests	x_None	
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No Co	OI to report
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_x__ I certify that I have answered every question and have not altered the wording of any of the questions on this

W 9/12/2023