Date: 16th December 2023 **Your Name:** Malvika Bhatnagar

Manuscript Title: Chylothorax: Pathophysiology, Diagnosis, and Management - A Comprehensive Review

Manuscript number (if known): JTD-23-1636(JTD-2023-MBPE-01)

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		Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initial	Specifications/Comments (e.g., if payments were made to you or to your institution)
1	All suggest for the con-		planning of the work
1	All support for the present	None	
	manuscript (e.g., funding,		
	provision of study materials,		
	medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
		Time frame: past	36 months
2	Grants or contracts from	None	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	None	
4	Consulting fees	None	

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

None			

Date: 16th December 2023 **Your Name:** Annette Fisher

Manuscript Title: Chylothorax: Pathophysiology, Diagnosis, and Management - A Comprehensive Review

Manuscript number (if known): JTD-23-1636(JTD-2023-MBPE-01)

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

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

None			

Date: 16th December 2023

Your Name: Sudarshan Ramsaroop

Manuscript Title: Chylothorax: Pathophysiology, Diagnosis, and Management - A Comprehensive Review

Manuscript number (if known): JTD-23-1636(JTD-2023-MBPE-01)

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3	Grants or contracts from any entity (if not indicated in item #1 above). Royalties or licenses	None None None	36 months
4	Consulting fees	None	

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

None			

Date: 16th December 2023 **Your Name:** Alison Carter

Manuscript Title: Chylothorax: Pathophysiology, Diagnosis, and Management - A Comprehensive Review

Manuscript number (if known): JTD-23-1636(JTD-2023-MBPE-01)

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4	Consulting fees	None	

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

None			

Date: 16th December 2023 **Your Name:** Benjamin Pippard

Manuscript Title: Chylothorax: Pathophysiology, Diagnosis, and Management - A Comprehensive Review

Manuscript number (if known): JTD-23-1636(JTD-2023-MBPE-01)

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3	Grants or contracts from any entity (if not indicated in item #1 above). Royalties or licenses	None None None	36 months
4	Consulting fees	None	

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