Date: 28 October 2023

Your Name: Ayat Gamal-AbdelNaser

Manuscript Title: Sodium hypochlorite accident- complications, management and potential prevention: case report of

three cases.

Manuscript number (if known):\_ FOMM-23-41-R1

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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		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	<b>✓</b> 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	<b> </b>	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	✓_None	
4	Consulting fees	✓_None	

5	Payment or honoraria for	<b>✓</b> _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	<b>/</b> None	
	pending		
9	Participation on a Data	<b>✓</b> None	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role in other board, society,	<b>/</b> None	
	committee or advocacy group, paid or unpaid		
11	Stock or stock options	<b>/</b> None	
12	Receipt of equipment,	<b>✓</b> None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	<b>/</b> None	
	financial interests		
	ease summarize the above co		lowing box:

**Date:** 28 October 2023 **Your Name:** Alaa Elnaggar

Manuscript Title: Sodium hypochlorite accident- complications, management and potential prevention: case report of

three cases..

Manuscript number (if known): FOMM-23-41-R1

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	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	

5	Payment or honoraria for	✓_None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	_ <b>√</b> None	
	testimony		
7	Support for attending meetings and/or travel	✓_None	
8	Patents planned, issued or	<b>/</b> None	
	pending		
9	Participation on a Data	✓None	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	<b>/</b> None	
	in other board, society,		
	committee or advocacy group, paid or unpaid		
11	Stock or stock options	<b>/</b> None	
12	Receipt of equipment,	<b>/</b> None	
	materials, drugs, medical		
	writing, gifts or other		
	services	•	
13	Other financial or non-	VNone	
	financial interests		
Ple	Please summarize the above conflict of interest in the following box:		
	Alaa Elnaggar has nothing to disclose		
	<u>-</u> -		

**Date:** 28 October 2023 **Your Name:** Menna Mekawy

Manuscript Title: Sodium hypochlorite accident- complications, management and potential prevention: case report of

three cases.

Manuscript number (if known): FOMM-23-41-R1

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	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	

5	Payment or honoraria for			
	lectures, presentations,			
	speakers bureaus,			
	manuscript writing or			
_	educational events			
6	Payment for expert	<b>/</b> None		
	testimony			
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7	Support for attending meetings and/or travel	✓_None		
8	Patents planned, issued or	/None		
	pending			
9	Participation on a Data	<b>/</b> None		
	Safety Monitoring Board or			
	Advisory Board			
10	Leadership or fiduciary role	/None		
	in other board, society,			
	committee or advocacy			
	group, paid or unpaid			
11	Stock or stock options	/None		
42				
12	Receipt of equipment,			
	materials, drugs, medical writing, gifts or other			
	services			
13	Other financial or non-	✓ None		
	financial interests			
Ple	Please summarize the above conflict of interest in the following box:			
Г				
	Menna Mekawy has nothing to	disclose		

**Date:** 28 October 2023 **Your Name:** Gerges Boshra

Manuscript Title: Sodium hypochlorite accident- complications, management and potential prevention: case report of

three cases.

Manuscript number (if known): FOMM-23-41-R1

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		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	Payment or honoraria for	✓_None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	_ <b>√</b> None	
	testimony		
7	Support for attending meetings and/or travel	✓_None	
8	Patents planned, issued or	<b>/</b> None	
	pending		
9	Participation on a Data	<b>✓</b> None	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	<b>✓</b> None	
	in other board, society,		
	committee or advocacy		
11	group, paid or unpaid	/ Name	
11	Stock or stock options	VNone	
12	Receipt of equipment,	✓ None	
12	materials, drugs, medical	vNone	
	writing, gifts or other		
	services		
13	Other financial or non-	✓ None	
	financial interests		
	rase summarize the above congressions.		llowing box:
	2		

**Date:** 28 October 2023 **Your Name:** Neveen Ghareeb

Manuscript Title: Sodium hypochlorite accident- complications, management and potential prevention: case report of

three cases.

Manuscript number (if known): FOMM-23-41-R1

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	processing charges, etc.)		
	No time limit for this item.		
	The time initial for this item.		
		Time frame: past	36 months
2	Grants or contracts from	✓ None	30 months
2	any entity (if not indicated	VNone	
	in item #1 above).		
3	Royalties or licenses	✓ None	
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4	Consulting fees	✓_None	

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5	Payment or honoraria for	✓_None		
	lectures, presentations,			
	speakers bureaus,			
	manuscript writing or			
	educational events			
6	Payment for expert	_ <b>√</b> None		
	testimony			
7	Support for attending	✓_None		
	meetings and/or travel			
8	Patents planned, issued or	<b>✓</b> None		
	pending			
9	Participation on a Data	<b>✓</b> None		
	Safety Monitoring Board or			
	Advisory Board			
10	Leadership or fiduciary role	✓ None		
	in other board, society,			
	committee or advocacy			
	group, paid or unpaid			
11	Stock or stock options	<b> </b>		
12	Receipt of equipment,	<b>✓</b> None		
	materials, drugs, medical			
	writing, gifts or other			
	services			
13	Other financial or non-	<b>✓</b> None		
	financial interests			
-				
Ple	Please summarize the above conflict of interest in the following box:			
	Neveen Ghareeb has nothing to	o disclose		