

ICMJE DISCLOSURE FORM

Date: 4/4/2023

Your Name: Pei Yinn Toh

Manuscript Title: Surgically Managed Symptomatic Echordosis Physaliphora: A Systematic Review

Manuscript Number (if known): -

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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Your Name: Shane Ling

Manuscript Title: Surgically Managed Symptomatic Echordosis Physaliphora: A Systematic Review

Manuscript Number (if known): -

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Date: 4/5/2023

Your Name: Daniel Wong

Manuscript Title: Surgically Managed Symptomatic Echordosis Physaliphora: A Systematic Review

Manuscript Number (if known): -

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Date: 4/4/2023

Your Name: Jian Li Tan

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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table>							
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table>							

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

I certify that I have answered every question and have not altered the wording of any of the questions on this form.