

ICMJE DISCLOSURE FORM

Date: April 28th, 2022

Your Name: Maria Benedetto

Manuscript Title: Urgent lung transplant in acute pulmonary scleroderma: a case report

Manuscript Number (if known): SHC-22-2-CL

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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9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None <table border="1" data-bbox="370 1728 1507 1833"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
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I certify that I have answered every question and have not altered the wording of any of the questions on this form.

ICMJE DISCLOSURE FORM

Date: April 28th, 2022

Your Name: Giulia Piccone

Manuscript Title: Urgent lung transplant in acute pulmonary scleroderma: a case report

Manuscript Number (if known): SHC-22-2-CL

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ICMJE DISCLOSURE FORM

Date: April 28th, 2022

Your Name: Giampiero Dolci

Manuscript Title: Urgent lung transplant in acute pulmonary scleroderma: a case report

Manuscript Number (if known): SHC-22-2-CL

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ICMJE DISCLOSURE FORM

Date: April 28th, 2022

Your Name: Filippo Antonacci

Manuscript Title: Urgent lung transplant in acute pulmonary scleroderma: a case report

Manuscript Number (if known): SHC-22-2-CL

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ICMJE DISCLOSURE FORM

Date: April 28th, 2022

Your Name: Elena Salvaterra

Manuscript Title: Urgent lung transplant in acute pulmonary scleroderma: a case report

Manuscript Number (if known): SHC-22-2-CL

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ICMJE DISCLOSURE FORM

Date: April 28th, 2022

Your Name: Massimo Baiocchi

Manuscript Title: Urgent lung transplant in acute pulmonary scleroderma: a case report

Manuscript Number (if known): SHC-22-2-CL

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7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None <table border="1" data-bbox="370 1203 1507 1308"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
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9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None <table border="1" data-bbox="370 1728 1507 1833"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
10	Leadership or fiduciary role in	<input checked="" type="checkbox"/> None							

		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)
	other board, society, committee or advocacy group, paid or unpaid		
11	Stock or stock options	<input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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.