ICMJE DISCLOSURE FORM

Date:	Dec.	16 -	12			
Your Name:	6) ACO	MA AR	GENT O	 >		
Manuscript Title:	11 SHOULD 1	OBJUTO	DMY STIL	T BE COL	NSIDERED	THE OH
Manuscript number		5KI NEMT			STAGE IA	

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) Time frame: Since the initia	Specifications/Comments (e.g., if payments were made to you or to your institution) 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	
44.0		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	

Payment or honoraria for		None	A PROPERTY OF THE CONTRACT OF THE STATE OF T
	lectures, presentations,		
	speakers bureaus, manuscript writing or educational events		
6	Payment for expert	XNone	
	testimony	None	
7	Support for attending	None	
	meetings and/or travel		
8	Patents planned, issued or	None	
8	pending	Viole	
9	Participation on a Data	None	Service Addition and the Control of
	Safety Monitoring Board or Advisory Board		
10		None	
	in other board, society,	100 000	
	committee or advocacy group, paid or unpaid		
11		None	the state of the s
1800			
12	Receipt of equipment,	None	
	materials, drugs, medical writing, gifts or other	_	
	services		
13	Other financial or non-	None	
	financial interests	The second secon	

Please summarize the above conflict of interest in the following box:

nothing to disclose

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.

ICMJE DISCLOSURE FORM

Date:	11-16-	1017		•	
Your Name:	EMPO	KNUBLO	0640	NA	
Manuscript Title:	U CHOOLD	LOB ECTORY CO	TILL BE CO	C 50 361240	THE TREATHENT
Manuscript number	(if known):	OF (HO) (B	- FOX ST	KLB TA	xiscic.)"

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)	
- 60		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	Payment or honoraria for	None	ACT OF THE PERSON OF THE PERSO
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
28	educational events		
6	Payment for expert	V_None	The second of th
	testimony		the second section of the second seco
	2 2	11	and the second s
7	Support for attending	None	the company that has been a company or an and provide them.
7	meetings and/or travel		the state of the second st
	Service Control		and the second was all which the second the second second
		· 人名英格兰 医多克勒氏纤维性腺	to The secretary of July and the terms of the secretary
8	Patents planned, issued or	None	
	pending	1	
7.2	The first of the first of the second	the second secon	was all the second of the seco
9	Participation on a Data	∆∠None	
	Safety Monitoring Board or	V see see see see see see	The property of the section of the s
** 6	Advisory Board	the state of the s	(a) In the property of the
10	Leadership or fiduciary role	None	 現代 「最後は最終的ないからないとなっています。 現代 「最後は最終的ないからないとなっています。
	in other board, society,	the second of many the meaning the second	See the second s
	committee or advocacy		A STATE OF THE STA
11	group, paid or unpaid Stock or stock options	None	the Miles with the all the first with the second of the second and the second
11	Stock of stock options	a se de la companya d	ne i single de la compressión
fria.	162321625,000250025004645	The Superior Comment of the Control	the transmission of the first of the same of the first of the same
12	Receipt of equipment,	None	THE REPORT OF THE PROPERTY OF
	materials, drugs, medical		E. A. Section Williams Control of the Control of th
	writing, gifts or other	1	
	services	None	and the second of the second of the second
13	Other financial or non- financial interests	Variable Community	and the second of the second
\$(\$.)	imancial interests	Acceptance from a design of the second W	and the second of the second o

Please summarize the above conflict of interest in the following box:

NOTHING.

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

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: 12 - 16 - 20 22
Your Name: MANON 7
Manuscript Title: "Challe 100-cools and Challe 100-
Manuscript Title: SHOULD LORS CTOHY STUL BE COPLIDED THE TREATHERT OF Manuscript number (if known): SHOULE FOR STALE IA PSCLE?"
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> manuscript only.
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)
3880		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	

-			
	Payment or honoraria for	None	
	lectures, presentations,	0	
1	speakers bureaus,	· · · · · · · · · · · · · · · · · · ·	
- 1	manuscript writing or		
	educational events		
1	Payment for expert	None	
١	testimony		
1			
, _	Support for attending	None	
	meetings and/or travel	_ 	2
	0-315, 51 1135		
			, m en e
8	Patents planned, issued or	None	
	pending		
	1. 3		
9	Participation on a Data	None	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	None	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid	/	
1	1 Stock or stock options	None	
-		None	
12	Receipt of equipment, materials, drugs, medical		
1	writing, gifts or other		
	services		
1		None	
-	financial interests	3	
1			

Please summarize the above conflict of interest in the following box:

NOTHUNG TO	Dischoso	
		~

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.