ICMJE DISCLOSURE FORM

Date:	12/22/2023
Your Name:	Ariba Moin
Manuscript Title:	Lungs Under Siege: Exploring a Rare Case of Diffuse Alveolar-Septal Pulmonary Amyloidosis – A Case Report

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The author's relationships/activities/interests should be defined broadly. 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.

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5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	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	

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13	Other financial or non-financial interests	[⊠] None	
Plea	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.		

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Date:	12/22/2023
Your Name:	Mohit Mody
Manuscript Title:	Lungs Under Siege: Exploring a Rare Case of Diffuse Alveolar-Septal Pulmonary Amyloidosis – A Case Report
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Date:	12/22/2023
Your Name:	Ashwini Arjuna
Manuscript Title:	Lungs Under Siege: Exploring a Rare Case of Diffuse Alveolar-Septal Pulmonary Amyloidosis – A Case Report
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