

## ICMJE DISCLOSURE FORM

**Date:** 6/15/2023

**Your Name:** **Patrick Bou-Samra**

**Manuscript Title:** Fluorescence-Guided Surgery with Indocyanine Green to Identify an Idiopathic Chyle Leak-Case Report

**Manuscript number (if known):** ACR 23 53

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 current manuscript only.

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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)
<b>Time frame: Since the initial planning of the work</b>			
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<b>Time frame: past 36 months</b>			
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3	Royalties or licenses	<u>  </u> X <u>  </u> None	
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No conflict of interest.

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**X 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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