Date:	_08/22/2023
Your Name:	Iya Agha
Manuscript Title:	A Case of Inadequately Treated Acute Deep Vein Thrombosis and Venous Stasis
Manuscript numb	per (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.

The following questions apply to the author's relationships/activities/interests as they relate to the <u>current 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.

		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)
		Time frame: Since the initia	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.	xNone	
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	x_None	
3	Royalties or licenses	xNone	
4	Consulting fees	x_None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or	xNone		
	educational events			
6	Payment for expert testimony	XNone		
	testimony			
7	Support for attending	X_None		
,	meetings and/or travel			
8	Patents planned, issued or	X_None		
	pending			
9	Participation on a Data	XNone		
	Safety Monitoring Board or			
	Advisory Board			
10	Leadership or fiduciary role	_xNone		
	in other board, society,			
	committee or advocacy			
	group, paid or unpaid			
11	Stock or stock options	xNone		
12	Receipt of equipment,	X None		
12	materials, drugs, medical	XNone		
	writing, gifts or other			
	services			
13	Other financial or non-	IYA Medical	Related to Dr. A Agha—not employed at IYA Medical	
	financial interests		<u> </u>	
	Please summarize the above conflict of interest in the following box: Daughter of Dr. Agha of IYA Medical, however not employed by IYA Medical.			
	asserted of Stringilla of the Wice	, novever not employed	z,carcan	

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

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

Date:07.17.23	
Your Name: Noor Asif	
Manuscript Title: A Case of Inadequately Treated Acute Deep Venous Thrombus and Venous Stasis	
Manuscript number (if known): ACR-23-39-CL	

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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.	xNone	
2	Grants or contracts from any entity (if not indicated in item #1 above).	Time frame: pastxNone	36 months
3	Royalties or licenses	_xNone	
4	Consulting fees	_xNone	

5	Payment or honoraria for lectures, presentations,	_xNone	
	speakers bureaus, manuscript writing or educational events		
6	Payment for expert	xNone	
	testimony		
7	Support for attending meetings and/or travel	xNone	
8	Patents planned, issued or	xNone	
	pending		
0	Destinium tien en e Dete	None	
9	Participation on a Data Safety Monitoring Board or	xNone	
	Advisory Board		
10	Leadership or fiduciary role	_xNone	
	in other board, society,		
	committee or advocacy		
11	group, paid or unpaid Stock or stock options	x None	
	Stock of Stock options		
12	Receipt of equipment,	xNone	
	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or non-	xNone	
	financial interests		
	ease summarize the above c	onflict of interest in the fo	ollowing box:

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

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

Date:7/20/2023	
Your Name:Jaskaran Ghotra	
Manuscript Title:_A Case of Inadequa	ately Treated Acute Deep Venous Thrombus and Venous
StasisManuscript number (if known):	

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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.

		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)
		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.	x None	
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	_x_None	
3	Royalties or licenses	_xNone	
4	Consulting fees	xNone	

5	Payment or honoraria for	xNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	xNone	
	testimony		
_			
7	Support for attending meetings and/or travel	xNone	
8	Patents planned, issued or	xNone	
	pending		
9	Participation on a Data	xNone	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	xNone	
	in other board, society,		
	committee or advocacy group, paid or unpaid		
11	Stock or stock options	x None	
	•		
12	Receipt of equipment,	xNone	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or	xNone	
	non-financial interests		

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

No Conflict			

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

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

form.

Date:07/18/2023
our Name:Ryan Cornell
Manuscript Title:A Case Report of Inadequately Treated Acute Deep Venous Thrombus and Venous
Stasis
Manuscript number (if known):

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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.

		Name all entities with Specifications/Comments whom you have this (e.g., if payments were made to you or to your relationship or indicate institution) none (add rows as needed)
		Time frame: Since the initial planning of the work
1	All support for the	x_None
	present manuscript (e.g., funding, provision of study materials, medical	

	writing, article processing charges, etc.) No time limit for this item.		
		Time frame: past	36 months
2	Grants or contracts from any entity (if not	xNone	
3	indicated in item #1 above).	xNone	
	Royalties or licenses		
4	Consulting fees	xNone	
5	Payment or honoraria for lectures,	xNone	
	presentations, speakers bureaus,		
	manuscript writing or educational events		
6	Payment for expert testimony	xNone	
	testimony		
7	Support for attending meetings and/or travel	_xNone	
8	Patents planned,		

	issued or pending	xNone	
9 10	Participation on a Data Safety Monitoring Board or Advisory Board Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	xNone xNone	
1 1	Stock or stock options	xNone	
1 2	Receipt of equipment, materials, drugs, medical writing, gifts or other services	xNone	
1 3	Other financial or non-financial interests	xNone	
	non infancial interests		

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

None

Please place an "X" next to the following statement to indicate your agreement:x_I certify that I have answered every question and have not altered the wording of any of the questic form.	ons on this

Date	Date: 7-18-93							
You	Your Name: Emmanuel Khodra							
Mar Title	Manuscript Title: A Case of Inadequately Treated Acute Doop Venous Thrombus and Venous Stasis							
	Manuscript number (if known): ACR -03 - 39 - CL							
liste rela for- part repr to to	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 to tl			tionships/activities/interests as they relate					
mar to tl	nuscript pertains he epidemiology of hype	ertension, you should o	uld be <u>defined broadly</u> . For example, if your declare all relationships with manufacturers cation is not mentioned in the manuscript.					
limi	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							
	Tin	ne frame: Since the initia	l planning of the work					
1	All support for the	<u>√</u> None						
present manuscript (e.g., funding, provision of study materials.								

medical writing, article processing charges.

	p,		
	etc.) No time limit for this		
	item.		
		Time frame: past	36 months
2	Grants or contracts	<u>√</u> None	
	from any entity (if not indicated in item #1		
	above).		
3	Royalties or licenses	<u>✓</u> None	
4	Consulting fees	None	
5	Payment or honoraria	None	
	for lectures, presentations, speakers		
	bureaus, manuscript writing or educational		
6	Payment for expert	None	
	testimony		
7	Support for attending	None	
	meetings and/or travel		
8	Patents planned, issued	None	
	or pending		
9	Participation on a Data	None	
	Safety Monitoring Board or Advisory		
	Board		
10	Leadership or fiduciary	None	
	role in other board, society, committee or		
	advocacy group, paid or		

	11 Stock or stock options		✓_None		
	12 Receipt of equipment,		None		
	materials, drugs, medical writing, gifts or				
		other services			
	13	Other financial or non-	None		
		financial interests			
P	lea	se summarize the abov	e conflict of interest in	the following box:	
P	Plea	se place an "X" next to	the following stateme	nt to indicate your agreement:	

Date:	8/22/2023	
Your Name:	Saif Aldeen Agha	_
Manuscript Ti	tle:_ A Case Report of Inadequately Treated Acute Deep Venous Thrombus and Venous Stasis	
Manuscript nu	umber (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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		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	xNone	
3	Royalties or licenses	x_None	
4	Consulting fees	x_None	

5	Payment or honoraria for	xNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	_xNone	
	testimony		
7	Support for attending meetings and/or travel	x_None	
8	Patents planned, issued or	xNone	
	pending		
9	Participation on a Data	x_None	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	x_None	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	x_None	
12	Receipt of equipment,	x_None	
	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or non-	IYA Medical	Son of Dr. Agha—no financial interest to declare
	financial interests		
Plaa	se summarize the above co	nflict of interest in the	following hove

Son of Dr.A Agha of IYA Medical. Not employed at IYA Medical and did not receive any financial or other interest from this case.

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

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

form.

Date:	August 9, 2023	3										
Your Name:_	Ayad KM Ag	ha										_
Manuscript T	itle: A	Case	Report o	f Inadeq	uately	Treated	Acute I)eep	Venous	Throm	bus and	Venous
Stasis												
Manuscrint n	umber (if knov	vn)·	ΔCR-23-	39-R2								

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		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated	None	
	in item #1 above).		
3	Royalties or licenses	None	
4	Consulting fees	None	

5	Payment or honoraria for	None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	None	
	testimony		
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or	None	
	pending		
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		
11	Stock or stock options	None	
12	Receipt of equipment,	None	
	materials, drugs, medical		
	writing, gifts or other		
12	services Other financial or non-	IYA Medical is a Profitable	The neumant for this national treatment was in
13	financial interests	medical clinic and this	The payment for this patient's treatment was in accordance with his insurance company and has not
	illianciai interests	patient was treated	significantly changed or altered any specific details
		through his insurance and	presented in this case.
		a monetary interest	presented in this case.
		cannot be overlooked in	
		this case.	
		6436.	

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

IYA Medical is a Profitable medical clinic and this patient was treated through his insurance and a monetary interest cannot be overlooked in this case.

The payment for this patient's treatment was in accordance with his insurance company and has not significantly changed or altered any specific details presented in this case.

Iya Agha and Saif Aldeen Agha are my children and did not receive any financial interest or otherwise.

Please place an "X" next to the following statement to indicate your agreement:			
X I certify that I have answered every question and have not altered the wording of any of the questions on this form.			