Date:			11/16/2023		
Your Name:			Young Min Cho		
Ma	nuscript Title:		Multicentric Reticulohistiocytosis	Post-COVID-19: A case report	
Ma	nuscript Number (if k	known):			
content of your manuscript. "Rela affected by the content of the ma indicate a bias. If you are in doub The author's relationships/activiti		ript. "Re of the m e in dou os/activi	elated" means any relation with for-profit or no lanuscript. Disclosure represents a commitmen bt about whether to list a relationship/activity,	e ask you to disclose all relationships/activities/interests listed below that are related to the ated" means any relation with for-profit or not-for-profit third parties whose interests may be nuscript. Disclosure represents a commitment to transparency and does not necessarily t about whether to list a relationship/activity/interest, it is preferable that you do so. es/interests should be defined broadly. For example, if your manuscript pertains to the	
that	t medication is not m	entione	d in the manuscript.		
	em #1 below, report ne for disclosure is th		oort for the work reported in this manuscript w 36 months.	ithout time limit. For all other items, the time	
			all entities with whom you have this nship 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.		None		
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			ifications/Comments (e.g., if payments were e to you or to your institution)
4	Consulting fees	None None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	None None	
7	Support for attending meetings and/or travel	None None	
8	Patents planned, issued or pending	None ■	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None None	

			e all entities with whom you have this	Specifications/Comments (e.g., if payments were
		relati	onship or indicate none (add rows as needed)	made to you or to your institution)
11	Stock or stock options		None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services		None	
13	Other financial or non-financial interests		None	
Plea	Please place an "X" next to the following statement to indicate your agreement:			
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Date:			11/16/2023		
Your Name:			Sarah V. Ross		
Manuscript Title:			Multicentric Reticulohistiocytosis Post-COVID-19: A case report		
Ma	nuscript Number (if l	known):			
In the interest of transparency, we content of your manuscript. "Rela affected by the content of the mai indicate a bias. If you are in doubt The author's relationships/activitie epidemiology of hypertension, you that medication is not mentioned In item #1 below, report all support		ript. "Rela of the ma e in doub os/activiti ension, yo entioned	rt for the work reported in this manuscript without time limit. For all other items, the time		
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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services		None	
13	Other financial or non-financial interests		None	
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Date:			11/16/2023		
Your Name:			Riaz Mahmood		
Manuscript Title:			Multicentric Reticulohistiocytosis Post-COVID-19: A case report		
Ma	nuscript Number (if l	known):			
In the interest of transparency, we content of your manuscript. "Rela affected by the content of the maindicate a bias. If you are in doubt. The author's relationships/activitie epidemiology of hypertension, you that medication is not mentioned."		ript. "Rela of the ma e in doub os/activiti ension, yo entioned	rt for the work reported in this manuscript without time limit. For all other items, the time		
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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services		None	
13	Other financial or non-financial interests		None	
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Date:			11/16/2023		
Your Name:			Marta T. Bognar		
Mar	nuscript Title:		Multicentric Reticulohistiocytosis	Post-COVID-19: A case report	
Mar	nuscript Number (if I	known	:		
content of your manuscript. "Rela affected by the content of the ma indicate a bias. If you are in doub The author's relationships/activities		ript. "For the line in do not continued by the line in do not continued by the line in the	e ask you to disclose all relationships/activities/interests listed below that are related to the ated" means any relation with for-profit or not-for-profit third parties whose interests may be nuscript. Disclosure represents a commitment to transparency and does not necessarily t about whether to list a relationship/activity/interest, it is preferable that you do so. es/interests should be defined broadly. For example, if your manuscript pertains to the u should declare all relationships with manufacturers of antihypertensive medication, even if in the manuscript.		
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