

ICMJE DISCLOSURE FORM

Date: 19/12/2023

Your Name: Mohammed Al-Haddab

Manuscript Title: Lobular Capillary Hemangioma Post-Chemotherapy for T-cell Leukemia Treated with an Antibiotic ; A Case Report

Manuscript number (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 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)
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 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	
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	

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 questions on this form.

ICMJE DISCLOSURE FORM

Date: 22/11/2023

Your Name: Tharaa Naif Almughera

Manuscript Title: Lobular Capillary Hemangioma Post-Chemotherapy for T-cell Leukemia Treated with an Antibiotic ; A Case Report

Manuscript number (if known): _____

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ICMJE DISCLOSURE FORM

Date: 19/12/2023

Your Name: Abdulaziz Alsalhi

Manuscript Title: Lobular Capillary Hemangioma Post-Chemotherapy for T-cell Leukemia Treated with an Antibiotic ; A Case Report

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ICMJE DISCLOSURE FORM

Date: 19/12/2023

Your Name: Nuha Alfurayh

Manuscript Title: Lobular Capillary Hemangioma Post-Chemotherapy for T-cell Leukemia Treated with an Antibiotic ; A Case Report

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