

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	___ None	
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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	
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Please summarize the above conflict of interest in the following box:

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ICMJE DISCLOSURE FORM

Date: _____September 14, 2023_____

Your Name: _____XiaoLi Bao_____

Manuscript Title: __Endobronchial ultrasound -Guided Cautery-Assisted Transbronchial Mediastinal Cryobiopsy in the diagnosis of fibrosing mediastinitis secondary to atypical sarcoidosis: a case report

Manuscript number (if known): __ACR-23-160_____

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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)
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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	
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ICMJE DISCLOSURE FORM

Date: ____September 14, 2023__

Your Name: ____ Tao Tao

Manuscript Title: __Endobronchial ultrasound -Guided Cautery-Assisted Transbronchial Mediastinal Cryobiopsy in the diagnosis of fibrosing mediastinitis secondary to atypical sarcoidosis: a case report

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