

## ICMJE DISCLOSURE FORM

**Date:** 5/7/2024

**Your Name:** LINN YE H CHING

**Manuscript Title:** A likely case of chronic graft-versus-host disease polymyositis affecting respiratory and truncal muscles - a comprehensive diagnostic approach

**Manuscript Number (if known):** [Click or tap here to enter text.](#)

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 author's relationships/activities/interests should be defined broadly. 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.

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.

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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:** 5/7/2024

**Your Name:** JEFFREY QUEK KIM SIANG

**Manuscript Title:** A likely case of chronic graft-versus-host disease polymyositis affecting respiratory and truncal muscles - a comprehensive diagnostic approach

**Manuscript Number (if known):** [Click or tap here to enter text.](#)

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## ICMJE DISCLOSURE FORM

**Date:** 5/7/2024

**Your Name:** ALOYSIUS HO YEW LENG

**Manuscript Title:** A likely case of chronic graft-versus-host disease polymyositis affecting respiratory and truncal muscles - a comprehensive diagnostic approach

**Manuscript Number (if known):** [Click or tap here to enter text.]

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		<input type="text"/>	<input type="text"/>
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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
		<input type="text"/>	<input type="text"/>
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13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	
		<input type="text"/>	<input type="text"/>
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**Date:** 5/7/2024

**Your Name:** FRANCESCA LIM WEI INNG

**Manuscript Title:** A likely case of chronic graft-versus-host disease polymyositis affecting respiratory and truncal muscles - a comprehensive diagnostic approach

**Manuscript Number (if known):** [Click or tap here to enter text.]

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## ICMJE DISCLOSURE FORM

**Date:** 5/7/2024

**Your Name:** WILLIAM HWANG YING KHEE

**Manuscript Title:** A likely case of chronic graft-versus-host disease polymyositis affecting respiratory and truncal muscles - a comprehensive diagnostic approach

**Manuscript Number (if known):** [Click or tap here to enter text.]

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11	Stock or stock options	<input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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

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:** 12/30/2023

**Your Name:** LAI PENG CHAN

**Manuscript Title:** A case of chronic graft-versus-host disease polymyositis affecting respiratory and truncal muscles - a comprehensive diagnostic approach

**Manuscript Number (if known):** [Click or tap here to enter text.](#)

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## ICMJE DISCLOSURE FORM

**Date:** 12/30/2023

**Your Name:** YEOW TEE GOH

**Manuscript Title:** A case of chronic graft-versus-host disease polymyositis affecting respiratory and truncal muscles - a comprehensive diagnostic approach

**Manuscript Number (if known):** [Click or tap here to enter text.](#)

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## ICMJE DISCLOSURE FORM

**Date:** 12/30/2023

**Your Name:** MING LEE

**Manuscript Title:** A case of chronic graft-versus-host disease polymyositis affecting respiratory and truncal muscles - a comprehensive diagnostic approach

**Manuscript Number (if known):** [Click or tap here to enter text.](#)

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

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:** 12/30/2023

**Your Name:** JING YUAN TAN

**Manuscript Title:** A case of chronic graft-versus-host disease polymyositis affecting respiratory and truncal muscles - a comprehensive diagnostic approach

**Manuscript Number (if known):** [Click or tap here to enter text.]

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 author's relationships/activities/interests should be defined broadly. 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.

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.

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Time frame: Since the initial planning of the work															
<b>1</b>	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	<input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; height: 40px; margin-top: 5px;"> <tr><td style="width: 50%;"></td><td style="width: 50%;"></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							<table border="1" style="width: 100%; height: 40px; margin-top: 5px;"> <tr><td style="width: 50%;"></td><td style="width: 50%;"></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> <p style="font-size: small; text-align: right; margin-top: 5px;">Click the tab key to add additional rows.</p>						
Time frame: past 36 months															
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