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ICMJE Form for Disclosure of Potential Conflicts of Interest

	Section L. Identifying information
	1. Given Name (First Name) 2. Surname (Last Name) 3. Date 26/12/2023
. 36-	4. Are you the corresponding author? Evolving Strategies: Enhancements in Managing Eosinophili Esophagitis in Redintric Patients. 6. Manuscript Identifying Number (if you know it)
	89580
	Section 2 The Work Under Consideration for Publication
	Did you or your institution at any time receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis. etc.)?
	Are there any relevant conflicts of interest? Yes No
	Section 3. Relevant financial activities outside the submitted work.
	Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the "Add +" box. You should report relationships that were present during the 36 months prior to publication .
	Are there any relevant conflicts of interest? Yes No
	Intellected Property - Patents & Copyrights
	Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes No



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Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?			
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