

ICMJE DISCLOSURE FORM

Date: 4/24/2025

Your Name: Maria G. Grammatikopoulou

Manuscript Title: Prevalence of Dysphagia in a department of Rheumatology

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

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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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3	Royalties or licenses	☒ None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>						

		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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