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Dat	e : 26. februar 2025		
You	r name Hinpetch Daungsu	pawong	
Mai	nuscript title: RE: Art	terial pH and short-term mo	tality in adult non-traumatic acute patient
Mai	nuscript number (if known):	
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perta antih In ite	ins to the epidemiology of ypertensive medication, ev	hypertension, you should yen if that medication is n port for the work reported	defined broadly. For example, if your manuscript declare all relationships with manufacturers of ot mentioned in the manuscript. d in this manuscript without time limit. For all months.
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4	Consulting fees	⊠ None
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or	⊠ None
	educational events	
	D	
6	Payment for expert testimony	⊠ None
	testimony	
7	Support for attending	⊠ None
	meetings and/or travel	
8	Patents planned, issued or	⊠ None
8	pending	□ Mone
	pending	
9	Participation on a Data	⊠ None
	Safety Monitoring Board	
	or Advisory Board	
10	Leadership or fiduciary	⊠ None
	role in other board,	Z None
	society, committee or advocacy group, paid or unpaid	
11	Stack or stack antions	M Nove
11	Stock or stock options	⊠ None
12	Receipt of equipment,	□ None
	materials, drugs, medical	
	writing, gifts or other services	
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Mar	nuscript title: RE: Arterial pH	and short-term mortality in a	adult non-traumatic acute patient
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to the intere does	e content of your manuscript. ests may be affected by the co	"Related" means any relation ontent of the manuscript. Dis	onships/activities/interests listed below that are related on with for-profit or not-for-profit third parties whose sclosure represents a commitment to transparency and whether to list a relationship/activity/interest, it is
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the ep medic In iter	pidemiology of hypertension, cation, even if that medication	you should declare all relating is not mentioned in the material to the work reported in the material to the work reported in the work	d broadly. For example, if your manuscript pertains to onships with manufacturers of antihypertensive inuscript. is manuscript without time limit. For all other items,
		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)
<u> </u>	e frame: Since the initial plar		
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)	⊠ None	
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Time	e 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	⊠ None
	lectures, presentations,	
	speakers bureaus,	
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6	Payment for expert	⊠ None
	testimony	
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7	Support for attending	⊠ None
	meetings and/or travel	
8	Patents planned, issued or	⊠ None
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9	Participation on a Data	⊠ None
9	Safety Monitoring Board	None
	or Advisory Board	
	or manifer y Board	
10	Leadership or fiduciary	⊠ None
10	role in other board,	None
	society, committee or	
	advocacy group, paid or	
	unpaid	
11	Stock or stock ontions	⊠ None
11	Stock or stock options	M Notice
12	Descript of agricument	□ Nama
12	Receipt of equipment,	None
	materials, drugs, medical	
	writing, gifts or other services	
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13	Oth fin i	
13	Other financial or non- financial interests	None

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