ICMJE Form for Disclosure of Potential Conflicts of Interest

The purpose of this form is to provide readers of your manuscript with information about your other interests that could influence how they receive and understand your work. The form is designed to be completed electronically and stored electronically. It contains programming that allows appropriate data display. Each author should submit a separate form and is responsible for the accuracy and completeness of the submitted information. The form is in six parts.

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4. **Intellectual Property.**
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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
   Nikolai

2. Surname (Last Name)  
   Khaltaev

3. Date  
   15-July-2020

4. Are you the corresponding author?  
   Yes ✔  No

5. Manuscript Title  
   Balneotherapy and Hydrotherapy in CRD

6. Manuscript Identifying Number (if you know it)  
   JTD-GARD-2019-009

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.)?  
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Dr. Khaltaev has no conflicts of interest to declare.

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### Section 1. Identifying Information

| 1. Given Name (First Name) | 2. Surname (Last Name) | 3. Date          |
|---------------------------|------------------------|-----------------|
| UMBERTO                   | SOLIMENE               | 15-July-2020    |

4. Are you the corresponding author? [✓] Yes [ ] No

5. Manuscript Title

Balneotherapy and Hydrotherapy in chronic respiratory diseases

6. Manuscript Identifying Number (if you know it)

JTD-GARD-2019-009

### 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.)?

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Do you have any patents, whether planned, pending or issued, broadly relevant to the work? [✓] Yes [ ] No
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no disclosure statements

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1. Given Name (First Name)  
   FEDERICO

2. Surname (Last Name)  
   VITALE

3. Date  
   15-July-2020

4. Are you the corresponding author?  
   ✔ No

5. Manuscript Title  
   Balneotherapy and Hydrotherapy in Chronic Respiratory Disease

6. Manuscript Identifying Number (if you know it)  
   JTD-GARD-2019-009

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VITALE
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Dr. VITALE has nothing to disclose.

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|---------------------------|------------------------|---------------|
| Alessandro               | Zanasi                 | 15-July-2020  |

4. Are you the corresponding author? [ ] Yes [ ] No

- Corresponding Author's Name: N. Kalthaev

5. Manuscript Title
   Hydrotherapy and chronic respiratory diseases

6. Manuscript Identifying Number (if you know it)
   JTD-GARD-2019-009

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