## ICMJE DISCLOSURE FORM

Date:	2/18/2022
Your Name:	Flor Cristina Ortiz Rios
Manuscript Title:	Cannabidiol as a personalized treatment for anxiety. Clinical cases in Mexico
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.

		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)
		Time frame: Since the initial planning o	of the work
1	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>	None	
2	Grants or contracts from any entity (if not indicated in item #1 above).	☑ None	
3	Royalties or licenses	☑ None	

		Name all entities with whom you have thisSpecifications/Comments (e.g., if payments were made to you or to your institution)
4	Consulting fees	None
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None
6	Payment for expert testimony	None
7	Support for attending meetings and/or travel	None
8	Patents planned, issued or pending	None
9	Participation on a Data Safety Monitoring Board or Advisory Board	None
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None

			e all entities with whom you have this ionship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
11	Stock or stock options		None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services		None	
13	Other financial or non-financial interests		None	Remunerated employee at ICAN, an enterprise that owns compounding pharmacies and formulates Botican brand medications.
Plea	ise place an "X" nex	t to th	e following statement to indicate your agreeme	ent:

☑ I certify that I have answered every question and have not altered the wording of any of the questions on this form.

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Manuscript Title:	Cannabidiol as a personalized treatment for anxiety. Clinical cases in Mexico
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13	Other financial or non-financial interests	None ICAN LATAM	Remunerated employee at ICAN, an enterprise that owns compounding pharmacies and formulates Botican brand medications.
Plea	·	t to the following statement to indicate your agreement answered every question and have not altered the wor	

## ICMJE DISCLOSURE FORM

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Manuscript Title:	Cannabidiol as a personalized treatment for anxiety. Clinical cases in Mexico
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Plea ×		the following statement to indicate your agreement: wered every question and have not altered the wording of any of the questions on this form.	