

ICMJE DISCLOSURE FORM

Date: 12/12/2023

Your Name: Rahel Belete Abebe

Manuscript Title: Prescription appropriateness with special reference to antibiotics at outpatient settings in Ethiopia: A need for antibiotic stewardship program

Manuscript Number (if known): DIC-2023-12-2

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.

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Date: 12/12/2023

Your Name: Bezawit Mulat Ayal

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Manuscript Number (if known): DIC-2023-12-2

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Your Name: Muluken Adela Alemu

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Your Name: Tirsit Ketsela Zeleke

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