

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Joseph	2. Surname (Last Name) McGinn	3. Date 06-May-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Richard Lazzaro
5. Manuscript Title Quality of Life Outcomes in Tracheobronchomalacia Surgery		
6. Manuscript Identifying Number (if you know it) JTD-2019-PRO-06		

Section 2. The Work Under Consideration for Publication

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Dr. McGinn has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
Benoit

2. Surname (Last Name)
Herbert

3. Date
06-May-2020

4. Are you the corresponding author? Yes No

Corresponding Author's Name
Richard Lazzaro

5. Manuscript Title
Quality of Life Outcomes in Tracheobronchomalacia Surgery

6. Manuscript Identifying Number (if you know it)
JTD-2019-PRO-06

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Dr. Herbert has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
Andrew

2. Surname (Last Name)
Maloney

3. Date
06-May-2020

4. Are you the corresponding author? Yes No

Corresponding Author's Name
Richard Lazzaro

5. Manuscript Title
Quality of Life Outcomes in Tracheobronchomalacia Surgery

6. Manuscript Identifying Number (if you know it)
JTD-2019-PRO-06

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1. Given Name (First Name) Byron	2. Surname (Last Name) Patton	3. Date 06-May-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Richard Lazzaro
5. Manuscript Title Quality of Life Outcomes in Tracheobronchomalacia Surgery		
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Richard

2. Surname (Last Name)
Lazzaro

3. Date
06-May-2020

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5. Manuscript Title
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