

## 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) Hongming	2. Surname (Last Name) Xu	3. Date 15-July-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Xiaoyan Li
5. Manuscript Title Efficacy and toxicities of Low-Temperature Plasma Radiofrequency Ablation for the treatment of laryngomalacia in neonates and infants: a prospective randomized controlled trial		
6. Manuscript Identifying Number (if you know it) ATM-20-3164		

### 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.)?

Are there any relevant conflicts of interest?  Yes  No

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Dr. Xu has nothing to disclose.

### Evaluation and Feedback

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)

Fang

2. Surname (Last Name)

Chen

3. Date

15-July-2020

4. Are you the corresponding author?

Yes

No

Corresponding Author's Name

Xiaoyan Li

5. Manuscript Title

Efficacy and toxicities of Low-Temperature Plasma Radiofrequency Ablation for the treatment of laryngomalacia in neonates and infants: a prospective randomized controlled trial

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Dr. Chen has nothing to disclose.

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1. Given Name (First Name) Yangyang	2. Surname (Last Name) Zheng	3. Date 15-July-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Xiaoyan Li
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Xiaoyan

2. Surname (Last Name)

Li

3. Date

15-July-2020

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Yes  No

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