

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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Section 1. Identifying Information

1. Given Name (First Name) Xiaoqing	2. Surname (Last Name) Zhang	3. Date 27-September-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Bin Han
5. Manuscript Title A rare case of an unexpected difficult airway management in a DISH patient and post-operative airway evaluation with 3D printing technique		
6. Manuscript Identifying Number (if you know it)		

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Dr. Zhang has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)

Jun

2. Surname (Last Name)

Wang

3. Date

27-September-2020

4. Are you the corresponding author?

Yes

No

Corresponding Author's Name

Bin Han

5. Manuscript Title

A rare case of an unexpected difficult airway management in a DISH patient and post-operative airway evaluation with 3D printing technique

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1. Given Name (First Name) Yajie	2. Surname (Last Name) Liu	3. Date 27-September-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Bin Han
5. Manuscript Title A rare case of an unexpected difficult airway management in a DISH patient and post-operative airway evaluation with 3D printing technique		
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Bin

2. Surname (Last Name)

Han

3. Date

27-September-2020

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