Date:2021.7.7
Your Name:_ Yanan Lu
Manuscript Title: The use of bronchial blockers in patients with aberrant tracheobronchial
anatomy: Case Report
Manuscript number (if known):

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 following questions apply to the author's relationships/activities/interestsas they relate to the <u>current</u> <u>manuscript only</u>.

The author's relationships/activities/interests should be <u>defined broadly</u>. 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.

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		Time frame: Since the initial	planning of the work
1	All support for the present	None	None
	manuscript (e.g., funding,		
	provision of study materials,		
	medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
		Time frame: past	36 months
2	Grants or contracts from	None	None
	any entity(if not indicated in		
	item #1 above).		
3	Royalties or licenses	None	None
4	Consulting fees	None	None
5	Payment or honoraria for	None	None

6	lectures, presentations, speakers bureaus, manuscript writing or educational events Payment for expert	None	None
D	testimony		None
7	Support for attending meetings and/or travel	None	None
8	Patents planned, issued or pending	None	None
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	None
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	None
11	Stock or stock options	None	None
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	None
13	Other financial or non- financial interests	None	None

I have no conflicts of interest to declare.

Please place an "X" next to the following statement to indicate your agreement:

Date:2021.7.7
Your Name:_ Dongni_Xu
Manuscript Title: The use of bronchial blockers in patients with aberrant tracheobronchial
anatomy: Case Report
Manuscript number (if known):

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4	Consulting fees	None	None
5	Payment or honoraria for	None	None

6	lectures, presentations, speakers bureaus, manuscript writing or educational events Payment for expert	None	None
D	testimony		None
7	Support for attending meetings and/or travel	None	None
8	Patents planned, issued or pending	None	None
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	None
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	None
11	Stock or stock options	None	None
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	None
13	Other financial or non- financial interests	None	None

I have no conflicts of interest to declare.

Please place an "X" next to the following statement to indicate your agreement:

Date:2021.7.7
Your Name: Zhongqi Liu
Manuscript Title: The use of bronchial blockers in patients with aberrant tracheobronchial
anatomy: Case Report
Manuscript number (if known):

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	any entity(if not indicated in		
	item #1 above).		
3	Royalties or licenses	None	None
4	Consulting fees	None	None
5	Payment or honoraria for	None	None

6	lectures, presentations, speakers bureaus, manuscript writing or educational events Payment for expert	None	None
D	testimony		None
7	Support for attending meetings and/or travel	None	None
8	Patents planned, issued or pending	None	None
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	None
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	None
11	Stock or stock options	None	None
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	None
13	Other financial or non- financial interests	None	None

I have no conflicts of interest to declare.

Please place an "X" next to the following statement to indicate your agreement:

Date:2021.7.7
Your Name:_ Ting Liu
Manuscript Title: The use of bronchial blockers in patients with aberrant tracheobronchial
anatomy: Case Report
Manuscript number (if known):

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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3	Royalties or licenses	None	None
4	Consulting fees	None	None
5	Payment or honoraria for	None	None

6	lectures, presentations, speakers bureaus, manuscript writing or educational events Payment for expert	None	None
D	testimony		None
7	Support for attending meetings and/or travel	None	None
8	Patents planned, issued or pending	None	None
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	None
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	None
11	Stock or stock options	None	None
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	None
13	Other financial or non- financial interests	None	None

I have no conflicts of interest to declare.

Please place an "X" next to the following statement to indicate your agreement:

Date:2021.7.7
Your Name: Jianfeng Zeng
Manuscript Title: The use of bronchial blockers in patients with aberrant tracheobronchial
anatomy: Case Report
Manuscript number (if known):

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3	Royalties or licenses	None	None
4	Consulting fees	None	None
5	Payment or honoraria for	None	None

6	lectures, presentations, speakers bureaus, manuscript writing or educational events Payment for expert	None	None
	testimony		
7	Support for attending meetings and/or travel	None	None
8	Patents planned, issued or pending	None	None
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	None
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	None
11	Stock or stock options	None	None
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	None
13	Other financial or non- financial interests	None	None

I have no conflicts of interest to declare.

Please place an "X" next to the following statement to indicate your agreement:

Date:2021.7.7
Your Name:_ Minghui Cao
Manuscript Title: The use of bronchial blockers in patients with aberrant tracheobronchial
anatomy: Case Report
Manuscript number (if known):

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5	Payment or honoraria for	None	None

6	lectures, presentations, speakers bureaus, manuscript writing or educational events Payment for expert	None	None
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13	Other financial or non- financial interests	None	None

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Please place an "X" next to the following statement to indicate your agreement:

Date:2021.7.7
Your Name:_ Fengtao Ji
Manuscript Title: The use of bronchial blockers in patients with aberrant tracheobronchial
anatomy: Case Report
Manuscript number (if known):

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5	Payment or honoraria for	None	None

	lectures, presentations, speakers bureaus, manuscript writing or educational events		
6	Payment for expert testimony	None	None
7	Support for attending meetings and/or travel	None	None
8	Patents planned, issued or pending	None	None
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	None
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	None
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