

ICMJJE DISCLOSURE FORM

Date: ___ Oct. 7th, 2021 ___

Your Name: ___ Shuang Cao ___

Manuscript Title: ___ Voice parameters for difficult mask ventilation evaluation: an observational study ___

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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13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

Please summarize the above conflict of interest in the following box:

None.

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

I certify that I have answered every question and have not altered the wording of any of the questions on this form.

ICMJJE DISCLOSURE FORM

Date: Oct. 7th, 2021

Your Name: Ming Xia

Manuscript Title: Voice parameters for difficult mask ventilation evaluation: an observational study

Manuscript number (if known): _____

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ICMJJE DISCLOSURE FORM

Date: ___ Oct. 7th, 2021 ___

Your Name: ___ Ren Zhou ___

Manuscript Title: ___ Voice parameters for difficult mask ventilation evaluation: an observational study ___

Manuscript number (if known): _____

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ICMJJE DISCLOSURE FORM

Date: Oct.7th, 2021

Your Name: Jie Wang

Manuscript Title: Voice parameters for difficult mask ventilation evaluation: an observational study

Manuscript number (if known): _____

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ICMJJE DISCLOSURE FORM

Date: ___ Oct. 7th, 2021 ___

Your Name: ___ Chen-Yu Jin ___

Manuscript Title: ___ Voice parameters for difficult mask ventilation evaluation: an observational study ___

Manuscript number (if known): _____

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ICMJE DISCLOSURE FORM

Date: ___ Oct. 7th, 2021 ___

Your Name: ___ Bei Pei ___

Manuscript Title: ___ Voice parameters for difficult mask ventilation evaluation: an observational study _

Manuscript number (if known): _____

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ICMJJE DISCLOSURE FORM

Date: ___ Oct. 7th, 2021 ___

Your Name: ___ Zhi-Kai Zhou ___

Manuscript Title: ___ Voice parameters for difficult mask ventilation evaluation: an observational study _

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ICMJE DISCLOSURE FORM

Date: ___ Oct. 7th, 2021 ___

Your Name: ___ Yan-Min Qian ___

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ICMJJE DISCLOSURE FORM

Date: _____ Oct.7th,2021_____

Your Name: __Hong Jiang__

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