

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

The purpose of this form is to provide readers of your manuscript with information about your other interests that could influence how they receive and understand your work. The form is designed to be completed electronically and stored electronically. It contains programming that allows appropriate data display. Each author should submit a separate form and is responsible for the accuracy and completeness of the submitted information. The form is in six parts.

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Royalties: Funds are coming in to you or your institution due to your patent

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

Karthika

2. Surname (Last Name)

Ramakrishnan

3. Date

16-February-2021

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Mark Weir

5. Manuscript Title

Tracheobronchomalacia and Excessive Dynamic Airway Collapse

6. Manuscript Identifying Number (if you know it)

JOVS-21-6

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest? Yes No

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Are there any relevant conflicts of interest? Yes No

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Section 6. Disclosure Statement

Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Dr. Ramakrishnan 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) Maruti	2. Surname (Last Name) Kumaran	3. Date 17-February-2021
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name _____
5. Manuscript Title Tracheobronchomalacia and Excessive Dynamic Airway Collapse		
6. Manuscript Identifying Number (if you know it) _____		

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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Are there any relevant conflicts of interest? Yes No

Section 4. Intellectual Property -- Patents & Copyrights

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Dr. Kumaran has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Ryan	2. Surname (Last Name) Townsend	3. Date 21-February-2021
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Mark Weir
5. Manuscript Title Tracheobronchomalacia and Excessive Dynamic Airway Collapse		
6. Manuscript Identifying Number (if you know it)		

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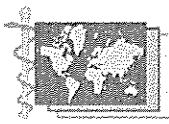
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Dr. Townsend has nothing to disclose.

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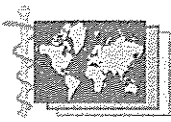
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1. Given Name (First Name)

MARK

2. Surname (Last Name)

WEIR

3. Date

2/19/21

4. Are you the corresponding author?

Yes No

5. Manuscript Title

Clinical advances in the evaluation of patients with ECAC

6. Manuscript Identifying Number (if you know it)

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Are there any relevant conflicts of interest? Yes No

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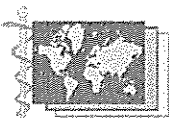
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