

ICMJE DISCLOSURE FORM

Date: ___ Sep. 23th, 2022 ___

Your Name: ___ Zaili Zhang ___

Manuscript Title: ___ The "impossible difficult airway" for anesthesiologists and otolaryngologists: a case description ___

Manuscript number (if known): QIMS-22-507 _____

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The following questions apply to the author's relationships/activities/interests as they relate to the current manuscript only.

The author's relationships/activities/interests should be defined broadly. 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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		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
Time frame: Since the initial planning of the work			
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	__X__ None	
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	__X__ None	
3	Royalties or licenses	__X__ None	
4	Consulting fees	__X__ None	

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

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

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

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Date: Sep. 23th, 2022

Your Name: Feng Jin

Manuscript Title: The "impossible difficult airway" for anesthesiologists and otolaryngologists: a case description

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Date: Sep. 23th, 2022

Your Name: Xijia Sun

Manuscript Title: The “impossible difficult airway” for anesthesiologists and otolaryngologists: a case description

Manuscript number (if known): QIMS-22-507 _____

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Date: Sep. 23th, 2022

Your Name: Wenfei Tan

Manuscript Title: The "impossible difficult airway" for anesthesiologists and otolaryngologists: a case description

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