

ICMJE DISCLOSURE FORM

Date: 6/1/2023

Your Name: Hina Emanuel

Manuscript Title: Pulmonary Outcomes of Congenital Diaphragmatic Hernia Patients Based on Defect Size (CDH Study Group Stage)

Manuscript number (if known): TP-23-14

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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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	
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9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
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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:

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.

ICMJE DISCLOSURE FORM

Date: 06-13-2023

Your Name: Hannah V. Breitschopf

Manuscript Title: Pulmonary Outcomes of Congenital Diaphragmatic Hernia Patients Based on Defect Size (CDH Study Group Stage)

Manuscript number (if known): TP-23-14

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ICMJE DISCLOSURE FORM

Date: 6/26/2023

Your Name: Matthew Harting

Manuscript Title: Pulmonary Outcomes of Congenital Diaphragmatic Hernia Patients Based on Defect Size (CDH Study Group Stage)

Manuscript number (if known): TP-23-14

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ICMJE DISCLOSURE FORM

Date: 6/13/2023

Your Name: Diana J. Martinez Castillo

Manuscript Title: Pulmonary Outcomes of Congenital Diaphragmatic Hernia Patients Based on Defect Size (CDH Study Group Stage)

Manuscript number (if known): TP-23-14

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ICMJE DISCLOSURE FORM

Date: 6/13/2023

Your Name: Aravind Yadav

Manuscript Title: Pulmonary Outcomes of Congenital Diaphragmatic Hernia Patients Based on Defect Size (CDH Study Group Stage)

Manuscript number (if known): TP-23-14

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ICMJE DISCLOSURE FORM

Date: 6/26/2023

Your Name: Katrina McBeth, MD

Manuscript Title: Pulmonary Outcomes of Congenital Diaphragmatic Hernia Patients Based on Defect Size (CDH Study Group Stage)

Manuscript number (if known): TP-23-14

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ICMJE DISCLOSURE FORM

Date: 6/26/2023

Your Name: Syed Shahrukh Hashmi

Manuscript Title: Pulmonary Outcomes of Congenital Diaphragmatic Hernia Patients Based on Defect Size (CDH Study Group Stage)

Manuscript number (if known): TP-23-14

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ICMJE DISCLOSURE FORM

Date: 6/20/2023

Your Name: Ashley H. Ebanks

Manuscript Title: Pulmonary Outcome of Congenital Diaphragmatic Hernia Patients Based on Defect Size (CDH Study Group Stage)

Manuscript number (if known):

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ICMJE DISCLOSURE FORM

Date: 6/20/23

Your Name: Tomika Harris

Manuscript Title: Pulmonary Outcomes of Congenital Diaphragmatic Hernia Patients Based on Defect Size

Manuscript number (if known): TP-23-14

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ICMJE DISCLOSURE FORM

Date: 6/13/2023

Your Name: Kevin P. Lally

Manuscript Title: Pulmonary Outcomes of Congenital Diaphragmatic Hernia Patients Based on Defect Size (CDH Study Group Stage)

Manuscript number (if known): TP-23-14

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ICMJE DISCLOSURE FORM

Date: 6/22/23
 Your Name: Cindy Jon
 Manuscript Title: Pulmonary Outcomes of CDH patients based on defect size
 Manuscript number (if known):

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10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input type="checkbox"/> None	Texas Society of Sleep Professionals Vice President (non for profit, educational)
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:

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.

CSJ

ICMJE DISCLOSURE FORM

Date: 6/20/23

Your Name: James M. Stark, MD, PhD

Manuscript Title: Pulmonary Outcomes of Congenital Diaphragmatic Hernia Patients Based on Defect Size (CDH Study Group Stage)

Manuscript number (if known): TP-23-14

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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		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			
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Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> None	
3	Royalties or licenses	<input checked="" type="checkbox"/> None	
4	Consulting fees	<input checked="" type="checkbox"/> 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	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
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:

No conflict of interest

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

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ICMJE DISCLOSURE FORM

Date: 6/13/2023

Your Name: Ricardo A. Mosquera

Manuscript Title: Pulmonary Outcomes of Congenital Diaphragmatic Hernia Patients Based on Defect Size (CDH Study Group Stage)

Manuscript number (if known): TP-23-14

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