

ICMJE DISCLOSURE FORM

Date: 2023/10/8

Your Name: Bei Pei

Manuscript Title: The development of prediction model for cuffed tracheal tube size from the middle finger in pediatrics: a concise and feasible approach

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/interests as they relate to the current manuscript only.

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In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

		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)
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3	Royalties or licenses	<u> X </u> None	
4	Consulting fees	<u> X </u> None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<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.

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Date: 2023/10/8

Your Name: Chenyu Jin

Manuscript Title: The development of prediction model for cuffed tracheal tube size from the middle finger in pediatrics: a concise and feasible approach

Manuscript number (if known): _____

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ICMJE DISCLOSURE FORM

Date: 2023/10/8

Your Name: Shuang Cao

Manuscript Title: The development of prediction model for cuffed tracheal tube size from the middle finger in pediatrics: a concise and feasible approach

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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.

ICMJE DISCLOSURE FORM

Date: 10-3-2023
 Your Name: Tobias Eckle
 Manuscript Title: The development of prediction model for cuffed tracheal tube size from the middle finger in pediatrics: a concise and feasible approach
 Manuscript number (if known): _____

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Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	NIH	Research reported in this publication was supported by the National Heart, Lung, and Blood Institute and National Institute of Aging of the National Institutes of Health under Award Number R56HL156955. The content is solely the responsibility of the authors and does not necessarily represent the official views of the National Institutes of Health.
3	Royalties or licenses	<input checked="" type="checkbox"/> None	

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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:

Received Grants or contracts from National Institutes of Health.

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: Sep 27, 2023

Your Name: Hue Jung Park

Manuscript Title: The development of prediction model for cuffed tracheal tube size from the middle finger in pediatrics: a concise and feasible approach

Manuscript number (if known): _____

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No COI

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

X 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: 2023/10/8

Your Name: Ningning Ji

Manuscript Title: The development of prediction model for cuffed tracheal tube size from the middle finger in pediatrics: a concise and feasible approach

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Your Name: Hong Jiang

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 Your Name: Ming Xia
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