

## 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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#### 4. Intellectual Property.

This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Lingfang	2. Surname (Last Name) Liang	3. Date 14-May-2020
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Botao Ning and Biru Li
5. Manuscript Title The Effect of High-frequency oscillatory ventilation or airway pressure release ventilation on children with acute respiratory distress syndrome as a rescue therapy		
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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Do you have any patents, whether planned, pending or issued, broadly relevant to the work? ☐ Yes ☒ No

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Dr. Liang has nothing to disclose.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
Botao

2. Surname (Last Name)  
Ning

3. Date  
14-May-2020

4. Are you the corresponding author? ☒ Yes ☐ No

5. Manuscript Title  
The Effect of High-frequency oscillatory ventilation or airway pressure release ventilation on children with acute respiratory distress syndrome as a rescue therapy

6. Manuscript Identifying Number (if you know it)

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Dr. Ning has nothing to disclose.

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### Section 1.

#### Identifying Information

1. Given Name (First Name)

Yi

2. Surname (Last Name)

Lyu

3. Date

14-May-2020

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name

Botao Ning and Biru Li

5. Manuscript Title

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1. Given Name (First Name) Ying	2. Surname (Last Name) Yu	3. Date 14-May-2020
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Botao Ning and Biru Li
5. Manuscript Title The Effect of High-frequency oscillatory ventilation or airway pressure release ventilation on children with acute respiratory distress syndrome as a rescue therapy		
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Dr. Yu has nothing to disclose.

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#### Identifying Information

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Biru

2. Surname (Last Name)

Li

3. Date

14-May-2020

4. Are you the corresponding author?

☒

Yes

☐

No

5. Manuscript Title

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