

## ICMJE DISCLOSURE FORM

Date: July 5, 2021  
 Your Name: LiJuan.Yin  
 Manuscript Title: Optimal level of positive end-expiratory pressure during nasal continuous airway pressure for severe bronchiolitis: a prospective study  
 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)
<b>Time frame: Since the initial planning of the work</b>			
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	Medical research program of Chongqing Health and Family Planning Commission (2016MSXM034)	
<b>Time frame: past 36 months</b>			
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	___ None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	___ None	
6	Payment for expert testimony	___ None	
7	Support for attending meetings and/or travel	___ None	
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10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	___ None	
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13	Other financial or non-financial interests	___ None	

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

None.
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## ICMJE DISCLOSURE FORM

**Date:**2021-5-7

**Your Name:**Linwei Li

**Manuscript Title:**Optimal level of positive end-expiratory pressure during nasal continuous airway pressure for severe bronchiolitis: A prospective study

**Manuscript number (if known):**\_\_\_\_\_

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## ICMJE DISCLOSURE FORM

**Date:**2021-5-7

**Your Name:**Lijuan Yin

**Manuscript Title:**Optimal level of positive end-expiratory pressure during nasal continuous airway pressure for severe bronchiolitis: A prospective study

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## ICMJE DISCLOSURE FORM

**Date:**2021-5-7

**Your Name:**Donghong Peng

**Manuscript Title:**Optimal level of positive end-expiratory pressure during nasal continuous airway pressure for severe bronchiolitis: A prospective study

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**Your Name:**Wei Chen

**Manuscript Title:**Optimal level of positive end-expiratory pressure during nasal continuous airway pressure for severe bronchiolitis: A prospective study

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