

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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2. The work under consideration for publication.

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

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Section 1. Identifying Information

1. Given Name (First Name) Xia	2. Surname (Last Name) Liu	3. Date 22-February-2021
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Peng Li and Juan Liao
5. Manuscript Title Anesthesia airway management for tracheal resection and reconstruction: a single-center case series		
6. Manuscript Identifying Number (if you know it) APM-21-431		

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Are there any relevant conflicts of interest? Yes No

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Dr. Liu has nothing to disclose.

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1. Given Name (First Name) Rong	2. Surname (Last Name) Jiang	3. Date 22-February-2021
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Peng Li and Juan Liao
5. Manuscript Title Anesthesia airway management for tracheal resection and reconstruction: a single-center case series		
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Section 1. Identifying Information

1. Given Name (First Name) Jie	2. Surname (Last Name) Xiao	3. Date 22-February-2021
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Peng Li and Juan Liao
5. Manuscript Title Anesthesia airway management for tracheal resection and reconstruction: a single-center case series		
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1. Given Name (First Name) Tao	2. Surname (Last Name) Lu	3. Date 22-February-2021
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Peng Li and Juan Liao
5. Manuscript Title Anesthesia airway management for tracheal resection and reconstruction: a single-center case series		
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4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Peng Li and Juan Liao
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1. Given Name (First Name) Jing	2. Surname (Last Name) Cheng	3. Date 22-February-2021
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Peng Li and Juan Liao
5. Manuscript Title Anesthesia airway management for tracheal resection and reconstruction: a single-center case series		
6. Manuscript Identifying Number (if you know it) APM-21-431		

Section 2. The Work Under Consideration for Publication

Did you or your institution **at any time** receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

Are there any relevant conflicts of interest? Yes No

Section 3. Relevant financial activities outside the submitted work.

Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the "Add +" box. You should report relationships that were **present during the 36 months prior to publication**.

Are there any relevant conflicts of interest? Yes No

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes No

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Dr. Cheng has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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1. Identifying information.

2. The work under consideration for publication.

This section asks for information about the work that you have submitted for publication. The time frame for this reporting is that of the work itself, from the initial conception and planning to the present. The requested information is about resources that you received, either directly or indirectly (via your institution), to enable you to complete the work. Checking "No" means that you did the work without receiving any financial support from any third party -- that is, the work was supported by funds from the same institution that pays your salary and that institution did not receive third-party funds with which to pay you. If you or your institution received funds from a third party to support the work, such as a government granting agency, charitable foundation or commercial sponsor, check "Yes".

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For grants you have received for work outside the submitted work, you should disclose support ONLY from entities that could be perceived to be affected financially by the published work, such as drug companies, or foundations supported by entities that could be perceived to have a financial stake in the outcome. Public funding sources, such as government agencies, charitable foundations or academic institutions, need not be disclosed. For example, if a government agency sponsored a study in which you have been involved and drugs were provided by a pharmaceutical company, you need only list the pharmaceutical company.

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Definitions.

Entity: government agency, foundation, commercial sponsor, academic institution, etc.

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Personal Fees: Monies paid to you for services rendered, generally honoraria, royalties, or fees for consulting, lectures, speakers bureaus, expert testimony, employment, or other affiliations

Non-Financial Support: Examples include drugs/equipment supplied by the entity, travel paid by the entity, writing assistance, administrative support, etc.

Other: Anything not covered under the previous three boxes

Pending: The patent has been filed but not issued

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Royalties: Funds are coming in to you or your institution due to your patent

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Section 1. Identifying Information

1. Given Name (First Name)

Juan

2. Surname (Last Name)

Liao

3. Date

22-February-2021

4. Are you the corresponding author?

Yes No

5. Manuscript Title

Anesthesia airway management for tracheal resection and reconstruction: a single-center case series

6. Manuscript Identifying Number (if you know it)

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Peng

2. Surname (Last Name)
Li

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22-February-2021

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