

ICMJE DISCLOSURE FORM

Date: 14/04/2021
 Your Name: Hong Wu
 Manuscript Title: Analysis of the influencing factors and nursing strategy for acute atelectasis after traumatic brain injury surgery
 Manuscript number (if known): APM-21-790

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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The author's relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

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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			
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.	the Outstanding Clinical Discipline Project of Shanghai Pudong (PWYgy2018-04)	Temporarily unpaid.
		the National Natural Science Fund (No.81571883)	Already paid to the institution.
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 type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> None	
4	Consulting fees	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> None	
6	Payment for expert testimony	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> None	
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9	Participation on a Data Safety Monitoring Board or Advisory Board	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> None	
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11	Stock or stock options	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> None	
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13	Other financial or non-financial interests	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> None	

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

Dr. Hong Wu reports funding from the Outstanding Clinical Discipline Project of Shanghai Pudong (PWYgy2018-04) and the National Natural Science Fund (No.81571883).

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: 14/04/2021
 Your Name: Liang Gong
 Manuscript Title: Analysis of the influencing factors and nursing strategy for acute atelectasis after traumatic brain injury surgery
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ICMJE DISCLOSURE FORM

Date: 14/04/2021
 Your Name: Zhongxin Qian
 Manuscript Title: Analysis of the influencing factors and nursing strategy for acute atelectasis after traumatic brain injury surgery
 Manuscript number (if known): APM-21-790

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ICMJE DISCLOSURE FORM

Date: 14/04/2021
 Your Name: Qing Mao
 Manuscript Title: Analysis of the influencing factors and nursing strategy for acute atelectasis after traumatic brain injury surgery
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