Date: <u>July. 4th, 2021</u>		
Your Name:	Daisuke Minami	
Manuscript <u>Title: End</u>	tidal capnographic monitoring dur	ing flexible bronchoscopy under fentanyl and midazolam
<u>sedatio</u>		
Manuscript number (i	f known): <u>21-1009-CL</u>	

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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		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)
	1	Time frame: Since the initial	planning of the work
1	All support for the present	_X_None	
	manuscript (e.g., funding,		
	provision of study materials,		
	medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
		Time frame: past	36 months
2	Grants or contracts from	_ X _None	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	_ X _None	
4	Consulting fees	_ X _None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	X_None
6	Payment for expert testimony	X_None
7	Support for attending meetings and/or travel	_ X _None
8	Patents planned, issued or pending	X_None
9	Participation on a Data Safety Monitoring Board or Advisory Board	X_None
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	X_None
11	Stock or stock options	X_None
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	_ X None
13	Other financial or non- financial interests	X_None

None

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

Date: <u>July. 4th, 2021</u>		
Your Name:	Etsuko Murakami	
Manuscript <u>Title: End</u>	-tidal capnographic monitoring durin	g flexible bronchoscopy under fentanyl and midazolam
<u>sedatio</u>		
Manuscript number (if known): <u>21-1009-CL</u>	

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		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.	_X_None	
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	_ X _None	
3	Royalties or licenses	_ X _None	
4	Consulting fees	_X_None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	X_None
6	Payment for expert testimony	X_None
7	Support for attending meetings and/or travel	_ X _None
8	Patents planned, issued or pending	X_None
9	Participation on a Data Safety Monitoring Board or Advisory Board	X_None
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	X_None
11	Stock or stock options	X_None
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	_ X None
13	Other financial or non- financial interests	X_None

None

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

Date: <u>July. 4th, 2021</u>		
Your Name:	Yusuke Shibata	
Manuscript <u>Title: En</u>	d-tidal capnographic monitoring du	ring flexible bronchoscopy under fentanyl and midazolam
sedatio		
Manuscript number	(if known): <u>21-1009-CL</u>	

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	• •	Time frame: Since the initial	planning of the work
1	All support for the present	X_None	
	manuscript (e.g., funding,		
	provision of study materials,		
	medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
		Time frame: past	36 months
2	Grants or contracts from	_X_None	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	_X_None	
4	Consulting fees	_X_None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	X_None
6	Payment for expert testimony	X_None
7	Support for attending meetings and/or travel	_ X _None
8	Patents planned, issued or pending	X_None
9	Participation on a Data Safety Monitoring Board or Advisory Board	X_None
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	X_None
11	Stock or stock options	X_None
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	_ X None
13	Other financial or non- financial interests	X_None

None

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

Date: <u>July. 4th, 2021</u>		
Your Name:	Kayo Nakamura	
Manuscript <u>Title: End</u>	tidal capnographic monitoring du	ing flexible bronchoscopy under fentanyl and midazolam
<u>sedatio</u>		
Manuscript number (i	f known): <u>21-1009-CL</u>	

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	• •	Time frame: Since the initial	planning of the work
1	All support for the present	X_None	
	manuscript (e.g., funding,		
	provision of study materials,		
	medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
		Time frame: past	36 months
2	Grants or contracts from	_X_None	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	_X_None	
4	Consulting fees	_ X _None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	X_None
6	Payment for expert testimony	X_None
7	Support for attending meetings and/or travel	_ X _None
8	Patents planned, issued or pending	X_None
9	Participation on a Data Safety Monitoring Board or Advisory Board	X_None
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	X_None
11	Stock or stock options	X_None
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	_ X None
13	Other financial or non- financial interests	X_None

None

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

Date: <u>July. 4th, 2021</u>		
Your Name:	Taizo Kishino	
Manuscript <u>Title: End-</u>	tidal capnographic monitoring	during flexible bronchoscopy under fentanyl and midazolam
sedatio		
Manuscript number (i	f known): <u>21-1009-CL</u>	

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 <u>defined broadly</u>. 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.

		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	X_None	
	manuscript (e.g., funding,		
	provision of study materials,		
	medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
		Time frame: past	36 months
2	Grants or contracts from	_X_None	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	_X_None	
4	Consulting fees	_X_None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	X_None
6	Payment for expert testimony	X_None
7	Support for attending meetings and/or travel	_ X _None
8	Patents planned, issued or pending	X_None
9	Participation on a Data Safety Monitoring Board or Advisory Board	X_None
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	X_None
11	Stock or stock options	X_None
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	_ X None
13	Other financial or non- financial interests	X_None

None

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

Date: <u>July. 4th, 202</u>	1	
Your Name:	Nagio Takigawa	
Manuscript <u>Title:</u> E	nd-tidal capnographic monitoring during flexible	bronchoscopy under fentanyl and midazolam
sedatio		
Manuscript numbe	er (if known): <u>21-1009-CL</u>	

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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		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	_ X _None	
	manuscript (e.g., funding,		
	provision of study materials,		
	medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
		Time frame: past	36 months
2	Grants or contracts from	_ X _None	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	_ X _None	
4	Consulting fees	_X_None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	X_None
6	Payment for expert testimony	X_None
7	Support for attending meetings and/or travel	_ X _None
8	Patents planned, issued or pending	X_None
9	Participation on a Data Safety Monitoring Board or Advisory Board	X_None
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	X_None
11	Stock or stock options	X_None
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	_ X None
13	Other financial or non- financial interests	X_None

None

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

Date: <u>July. 4th, 2021</u>		
Your Name:	Kiriko Onishi	
Manuscript <u>Title: End-</u>	tidal capnographic monitoring	during flexible bronchoscopy under fentanyl and midazolam
<u>sedatio</u>		
Manuscript number (i	f known): <u>21-1009-CL</u>	

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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.	_X_None	
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	_ X _None	
3	Royalties or licenses	_ X _None	
4	Consulting fees	_X_None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	X_None
6	Payment for expert testimony	X_None
7	Support for attending meetings and/or travel	_ X _None
8	Patents planned, issued or pending	X_None
9	Participation on a Data Safety Monitoring Board or Advisory Board	X_None
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	X_None
11	Stock or stock options	X_None
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	_ X None
13	Other financial or non- financial interests	X_None

None

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

Date: <u>July. 4th, 2021</u>		
Your Name:	Yuki Takigawa	
Manuscript <u>Title: End-</u>	tidal capnographic monitoring	during flexible bronchoscopy under fentanyl and midazolam
sedatio		
Manuscript number (i	f known): <u>21-1009-CL</u>	

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	• • •	Time frame: Since the initial	planning of the work
1	All support for the present	X_None	
	manuscript (e.g., funding,		
	provision of study materials,		
	medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
		Time frame: past	36 months
2	Grants or contracts from	_X_None	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	_X_None	
4	Consulting fees	_X_None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	X_None
6	Payment for expert testimony	X_None
7	Support for attending meetings and/or travel	_ X _None
8	Patents planned, issued or pending	X_None
9	Participation on a Data Safety Monitoring Board or Advisory Board	X_None
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	X_None
11	Stock or stock options	X_None
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	_ X None
13	Other financial or non- financial interests	X_None

None

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

Date: <u>July. 4th, 2021</u>		
Your Name:	Atsushi Shimonishi	
Manuscript <u>Title: End-</u>	tidal capnographic monitoring during	flexible bronchoscopy under fentanyl and midazolam
sedatio		
Manuscript number (i	f known): <u>21-1009-CL</u>	

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	No time limit for this item.		
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2	Grants or contracts from	_X_None	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	_X_None	
4	Consulting fees	_ X _None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	X_None
6	Payment for expert testimony	X_None
7	Support for attending meetings and/or travel	_ X _None
8	Patents planned, issued or pending	X_None
9	Participation on a Data Safety Monitoring Board or Advisory Board	X_None
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	X_None
11	Stock or stock options	X_None
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	_ X None
13	Other financial or non- financial interests	X_None

None

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

Date: <u>July. 4th, 2021</u>		
Your Name:	Kenichiro Kudo	
Manuscript <u>Title: End</u>	-tidal capnographic monitoring du	uring flexible bronchoscopy under fentanyl and midazolam
sedatio		
Manuscript number (i	f known): <u>21-1009-CL</u>	

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		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	_ X _None	
3	Royalties or licenses	_ X _None	
4	Consulting fees	_X_None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	X_None
6	Payment for expert testimony	X_None
7	Support for attending meetings and/or travel	_ X _None
8	Patents planned, issued or pending	X_None
9	Participation on a Data Safety Monitoring Board or Advisory Board	X_None
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	X_None
11	Stock or stock options	X_None
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	_ X None
13	Other financial or non- financial interests	X_None

None

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

Date: <u>July. 4th, 2021</u>		
Your Name:	Ken Sato	
Manuscript <u>Title: End-t</u>	idal capnographic monitori	ng during flexible bronchoscopy under fentanyl and midazolam
<u>sedatio</u>		
Manuscript number (if	known): <u>21-1009-CL</u>	

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	manuscript (e.g., funding,		
	provision of study materials,		
	medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
		Time frame: past	36 months
2	Grants or contracts from	_ X _None	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	_X_None	
4	Consulting fees	_X_None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	X_None
6	Payment for expert testimony	X_None
7	Support for attending meetings and/or travel	_ X _None
8	Patents planned, issued or pending	X_None
9	Participation on a Data Safety Monitoring Board or Advisory Board	X_None
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	X_None
11	Stock or stock options	X_None
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	_ X None
13	Other financial or non- financial interests	X_None

None

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

Date: <u>July. 4th, 2021</u>		
Your Name:	Akiko Sato	
Manuscript <u>Title: End-</u>	tidal capnographic monitorin	g during flexible bronchoscopy under fentanyl and midazolam
<u>sedatio</u>		
Manuscript number (if	known): <u>21-1009-CL</u>	

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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	_ X _None	
	manuscript (e.g., funding,		
	provision of study materials,		
	medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
		Time frame: past	36 months
2	Grants or contracts from	_ X _None	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	_ X _None	
4	Consulting fees	_X_None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	X_None
6	Payment for expert testimony	X_None
7	Support for attending meetings and/or travel	_ X _None
8	Patents planned, issued or pending	X_None
9	Participation on a Data Safety Monitoring Board or Advisory Board	X_None
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	X_None
11	Stock or stock options	X_None
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	_ X None
13	Other financial or non- financial interests	X_None

None

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

Date: <u>July. 4th, 2021</u>		
Your Name:	Keiichi Fujiwara	
Manuscript <u>Title: End</u>	-tidal capnographic monitoring du	ing flexible bronchoscopy under fentanyl and midazolam
<u>sedatio</u>		
Manuscript number (if known): <u>21-1009-CL</u>	

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Date: July. 4 th ,	021
Your Name:	Takuo Shibayama
Manuscript <u>Titl</u>	: End-tidal capnographic monitoring during flexible bronchoscopy under fentanyl and midazolar
<u>sedatio</u>	
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