Date:	27	.07	.2021
	-		

Your Name: Szymon Skoczyński

Manuscript Title: Respiratory failure complicating tracheostomy: the role of noninvasive ventilation assisted

flexible bronchoscopy

APM -21-2110-CL 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.

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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)
8.8	E PROPERTY OF STREET	Time frame: Since the initia	al 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.	xNone	
		Time frame: pas	t 36 months
2	Grants or contracts from any entity(if not indicated in item #1 above).	_xNone	
3	Royalties or licenses	xNone	
4	Consulting fees	xNone	

5	Payment or honoraria for	xNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	xNone	
	testimony		
7	Support for attending	xNone	
	meetings and/or travel		
8	Patents planned, issued or	_x_None	
	pending		
9	Participation on a Data	_xNone	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	x_None	
	in other board, society,		
	committee or advocacy		
-	group, paid or unpaid		
11	Stock or stock options	_xNone	
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. 4	Receipt of equipment,	_xNone	
	materials, drugs, medical		
- N	writing, gifts or other services		
13	Other financial or non-	n Name	
-	financial interests	xNone	
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_x_I certify that I have answered every question and have not altered the wording of any of the questions on this form.

Date: 27.07.2021	
Varan Marray Franciscowska	the selection assisted
Manuscript Title: Respiratory fai	lure complicating tracheostomy: the role of noninvasive ventilation assisted
flexible bronchoscopy	ADM-21-2110-CL
Manuscript number (if known):	THE CIT CITO CE
	ask you to disclose all relationships/activities/interests listed below that are

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		Time frame: pa	st 36 months
2	Grants or contracts from any entity(if not indicated in item #1 above).	_xNone	
3	Royalties or licenses	x_None	
4	Consulting fees	xNone	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	x_None	
6	Payment for expert testimony	xNone	
7	Support for attending meetings and/or travel	xNone	
8	Patents planned, issued or pending	xNone	
9	Participation on a Data Safety Monitoring Board or Advisory Board	_xNone	73-45-28-5-3
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	x_None	
11	Stock or stock options	_xNone	
2	Receipt of equipment, materials, drugs, medical writing, gifts or other services	_xNone	
3	Other financial or non- financial interests	xNone	Three strength and the

_x_l certify that I have answered every question and have not altered the wording of any of the questions on this

Date: 21/07/2021			
Your Name: YAROSLAW PALL)CH		
Manuscript Title: KESPIRATORY FAILURE COMPLICATION	NG TRACHEOSTON	y the toler	ponicularize ventilation
Manuscript number (if known):	asisted	flexible	mondioscopy
ADM - 21-21-1	10-17		

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	CHARLET FREE TO THE	Time frame: Since the initi	al planning of the work
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		Time frame: pas	st 36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	
4	Consulting fees	None	

5	Payment or honoraria for lectures, presentations,	None	
1	speakers bresentations,		
	speakers bureaus,		
	manuscript writing or	T . I .	
-	educational events		•
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7	Support for attending	None	
1	meetings and/or travel	None	
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n	Patents planned, issued or	None	
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9	Participation on a Data	None	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	None	
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11	Stock or stock options	None	
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_	materials deves	None	
	materials, drugs, medical writing, gifts or other		
	services		1 Personal Maries of the Part of Holes and
3	Other financial or non-		
٦	financial interests	None	
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I certify that I have answered every question and have not altered the wording of any of the questions on this form.

Justina Galad

Date: 2021-07-22	
Your Name:Marcin Tomsia	
Manuscript Title: Respiratory fallure o	omplicating tracheostomy: the role of noninvasive ventilation
Manuscript number (if known):	APM -21-2110-CL

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 <u>current</u> <u>manuscript only</u>.

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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.	None None	at planning of the work
H	当 当年10月1日	Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	20 MORAIS
3	Royalties or licenses	None	· Material State of the Control of t
	Consulting fees	None	



1	Payment or honoraria for	None	
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1	speakers bureaus,		
	manuscript writing or		
L	educational events		1
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	meetings and/or travel		
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8	Patents planned, issued or	None	
	pending	IVONE	
9	Participation on a Data	None	
	Safety Monitoring Board or	None	
	Advisory Board		
lO	Leadership or fiduciary role	None	
	in other board, society,	None	
	committee or advocacy		
	group, paid or unpaid		
1	Stock or stock options	Alman	
	or or or or opinoris	None	
	Receipt of equipment,	/ Mone	
	materials, drugs, medical writing, gifts or other	None	
	services		
7	Other financial or non-	None	
- 1	financial interests	None	

No conflict of interest	

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.

Marian Tomaia

Date:26.07.2021	
 Your Name:Bartiomiej Stasiów	
Manuscript Title: Respir assisted flexible broncho	atory failure complicating tracheostomy: the role of noninvasive ventilation scopy
Manuscript number (If know	wn): APM -21-2110-CL

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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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.	None	
50	STREET, SALES AND ADDRESS OF	Time frame: pas	t 36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	

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Bornounij Hel

1

Date: 21/07/2021

Your Name: Paul Armatowicz

Manuscript Title: Respiratory failure complicating tracheostomy: the role of noninvasive ventilation assisted flexible

bronchoscopy

APM - 21-7110-CL 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.

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		Time frame: Since the initia	al 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	
	THE RESERVE OF STATE	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	X_None	
	lectures, presentations, speakers bureaus,	XNone	
	manuscript writing or educational events		
6	Payment for expert testimony	XNone	
7	Support for attending meetings and/or travel	XNone	
8	Patents planned, issued or	X None	
	pending	MOILE	
9	Participation on a Data	X None	
Safety N	Safety Monitoring Board or		
10	Advisory Board	11 21	
10	Leadership or fiduciary role in other board, society,	X_None	
	committee or advocacy group, paid or unpaid		
11	Stock or stock options	X_None	
2	Receipt of equipment,		
	materials, drugs, medical writing, gifts or other	XNone	
	services		
13	Other financial or non- financial interests	XNone	

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

_X__ I certify that I have answered every question and have not altered the wording of any of the questions on this form.

Paul aematourez

Date: 2021-07-11	
Your Name: Ryszard Wiaderkiewicz	a a a a a a a a a a a a a a a a a a a
Manuscript Title: Respiratory failure co	omplicating tracheostomy: the role of noninvasive ventilation
assisted flexible bronchoscopy Manuscript number (if known):	APM - 21-2110-CL
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2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	
4	Consulting fees	None	

5	Lucur of Hollotatia fol	None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
-	educational events		
6	Payment for expert	None	
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7	Support for attending	None	
	meetings and/or travel		
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8	Patents planned, issued or	None	
	pending	Hone	
9	Participation on a Data	None	
	Safety Monitoring Board or	Mollé	
	Advisory Board		
10	Leadership or fiduciary role	None	
	in other board, society,	None	
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	None	
		None	
2	Receipt of equipment,	None	
	materials, drugs, medical	HOIG	
- 1	writing, gifts or other		
	services		
3	Other financial or non-	None	
	financial interests	HORE	
1	interests		

No conflict of interest	

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

Date; 21.07.2021

Your Name: Andrzej Swinarew

Manuscript Title: "Respiratory failure complicating tracheostomy: the role of noninvasive ventilation assisted flexible

Manuscript number (if known):NN APM -21-21-10-CL

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		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated	None	
	in item #1 above).		
3	Royalties or licenses	None	
4	Consulting fees	None	
5	Payment or honoraria for	None	
	lectures, presentations, speakers bureaus,		

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

Please	Summarize	the shove	conflict a	of interest	. مماه من	following box	
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There is no conflict of interest.	

__X_ I certify that I have answered every question and have not altered the wording of any of the questions on this form.

Andrzej & Swinarew

Date: 2021-07-22	
Your Name: Kornelia Droździok	
Manuscript Title: Respiratory failure (complicating tracheostomy: the role of noninvasive ventilation
Manuscript number (if known):	APM-21-2110-CL

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	TATE OF STREET	Time frame: past	35 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	50 Months
	Royalties or licenses	None	
	Consulting fees	None	

- 1	5 Payment or honoraria for	Mani	
	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	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	
1	Stock or stock options	None	
- [Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
	Other financial or non- financial interests	None	

the following box:

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

 λ I certify that I have answered every question and have not altered the wording of any of the questions on this form.

Komilie Prosedich

Date: 27.07.2021	
Your Name: Aleksandra Oraczewska	
Manuscript Title: Respiratory failur	e complicating tracheostomy: the role of noninvasive ventilation assisted
flexible bronchoscopy	APM-21-2110-CL
Manuscript number (if known):	APILOCI CITOCIC
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101		Time frame: pa:	st 36 months
2	Grants or contracts from any entity(if not indicated in item #1 above).	_xNone	
3	Royalties or licenses	x_None	
4	Consulting fees	xNone	

lectures, presentations, speakers bureaus, manuscript writing or educational events		
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Payment for expert testimony	x_None	
Support for attending meetings and/or travel	xNone	
Patents planned, issued or pending	x_None	
Participation on a Data afety Monitoring Board or advisory Board	_xNone	
eadership or fiduciary role n other board, society, mmittee or advocacy	x_None	
tock or stock options	_xNone	
eceipt of equipment, aterials, drugs, medical riting, gifts or other rvices	_xNone	
her financial or non- ancial interests	x_None	
of real parties of the rea	Support for attending meetings and/or travel eatents planned, issued or mending articipation on a Data afety Monitoring Board or dvisory Board eadership or fiduciary role other board, society, pommittee or advocacy oup, paid or unpaid ock or stock options eceipt of equipment, aterials, drugs, medical iting, gifts or other vices her financial or non-	Support for attending meetings and/or travel Patents planned, issued or meeting articipation on a Data afety Monitoring Board or dvisory Board adership or fiduciary role other board, society, primittee or advocacy oup, paid or unpaid ock or stock options The provided Head of the policy of the

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Aleksendru Oluzelosku

Date:	23	JÜL	2021
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Your Name: Adam Barczyk

Manuscript Title: Respiratory failure complicating tracheostomy: the role of noninvasive ventilation assisted flexible

bronchoscopy

Manuscript number (if known): APM - 21 - 2110 - CL

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	TO VIEW W	Time frame: pas	st 36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	
4	Consulting fees	None	

5	Payment or honoraria for	Mana	
,	lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
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	Participation on a Data	None	
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0	Leadership or fiduciary role	None	
•	in other board, society, committee or advocacy group, paid or unpaid	None	
1	Stock or stock options	None	
	Receipt of equipment,	None	
	materials, drugs, medical writing, gifts or other services		
	Other financial or non- financial interests	None	
	1017121		

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

x I certify that I have answered every question and have not altered the wording of any of the questions on this form.

Harryk

Date: 27.07.2021			
Your Name: Raffaele Scala			
Manuscript Title: Respiratory fail	ure complication	g tracheostomy: the rol	e of noninvasive ventilation assisted
flexible bronchoscopy	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	71-7110-	
Manuscript number (if known):	AVM -	01-0110	

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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)
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