

ICMJE DISCLOSURE FORM

Date: 27.07.2021

Your Name: Szymon Skoczyński

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

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 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)
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.	<input checked="" type="checkbox"/> None	
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 checked="" type="checkbox"/> None	
4	Consulting fees	<input checked="" type="checkbox"/> None	

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

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

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.

Joseph S. ...

ICMJE DISCLOSURE FORM

Date: 27.07.2021

Your Name: Ewa Trejnowska

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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ICMJE DISCLOSURE FORM

Date: 21/07/2021
 Your Name: JAROSLAW PALUCH
 Manuscript Title: RESPIRATORY FAILURE COMPLICATING TRACHEOSTOMY the role of noninvasive ventilation
 Manuscript number (if known): (assisted flexible bronchoscopy)
APM-21-21-10-LL

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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Jonathan B. B. B.

ICMJE DISCLOSURE FORM

Date: 2021-07-22

Your Name: Marcin Tomsia

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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No conflict of interest

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Marcin Tombsia

ICMJE DISCLOSURE FORM

Date: 26.07.2021

Your Name: Bartłomiej Stasiów

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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Time frame: past 36 months		
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3	Royalties or licenses	None

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B. J. H. H.

ICMJE DISCLOSURE FORM

Date: 21/07/2021

Your Name: Paul Armatowicz

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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3	Royalties or licenses	<input checked="" type="checkbox"/> None
4	Consulting fees	<input checked="" type="checkbox"/> None

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> X None	
6	Payment for expert testimony	<input checked="" type="checkbox"/> X None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> X None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> X None	
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11	Stock or stock options	<input checked="" type="checkbox"/> X None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> X None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> X None	

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

None

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 Aemato

ICMJE DISCLOSURE FORM

Date: 2021-07-11

Your Name: Ryszard Wiaderkiewicz

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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5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	None	
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No conflict of interest

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Raymond J. Modellievitz

ICMJE DISCLOSURE FORM

Date; 21.07.2021

Your Name: Andrzej Swinarew

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

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

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3	Royalties or licenses	<input type="checkbox"/> None 	
4	Consulting fees	<input type="checkbox"/> None 	
5	Payment or honoraria for lectures, presentations, speakers bureaus,	<input type="checkbox"/> None 	

	manuscript writing or educational events		
6	Payment for expert testimony	___ None	
7	Support for attending meetings and/or travel	___ None	
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9	Participation on a Data Safety Monitoring Board or Advisory Board	___ None	
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There is no conflict of interest.

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Andrzej S. Swinarew



ICMJE DISCLOSURE FORM

Date: 2021-07-22

Your Name: Kornelia Drożdżiok

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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Kameli Drosdich

ICMJE DISCLOSURE FORM

Date: 27.07.2021

Your Name: Aleksandra Oraczewska

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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Aleksandra
Ortiz-Elizalde

ICMJE DISCLOSURE FORM

Date: 23 JUL 2021

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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[Handwritten signature]

ICMJE DISCLOSURE FORM

Date: 27.07.2021

Your Name: Raffaele Scala

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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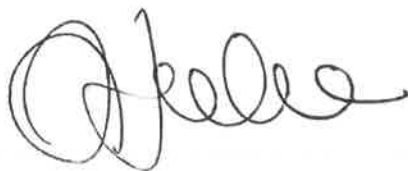
In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

		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)
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.	<input checked="" type="checkbox"/> None	
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 checked="" type="checkbox"/> None	
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5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	
11	Stock or stock options	<input checked="" type="checkbox"/> None	
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13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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

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.