

ICMJE DISCLOSURE FORM

Date: 09/04/21

Your Name: Tha Htet Nyi

Manuscript Title: Tracheal laceration causing important post-intubation delayed subcutaneous emphysema and ventilatory deterioration in a COVID-19 patient with severe Rheumatoid Arthritis: a case report

Manuscript number (if known): MED-21-12

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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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			
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9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
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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:

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.

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Date: 09/04/21

Your Name: David Chrastek

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Your Name: Shalesh Shah

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