

Instructions

The purpose of this form is to provide readers of your manuscript with information about your other interests that could influence how they receive and understand your work. The form is designed to be completed electronically and stored electronically. It contains programming that allows appropriate data display. Each author should submit a separate form and is responsible for the accuracy and completeness of the submitted information. The form is in six parts.

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Royalties: Funds are coming in to you or your institution due to your

patent

Piccioni 1



| Section 1. | Identifying Inform | ation | |
|---|------------------------|--|------------------------|
| 1. Given Name (Firs Federico | | 2. Surname (Last Name) Piccioni | 3. Date 06-May-2019 |
| 4. Are you the corre | esponding author? | ✓ Yes No | |
| 5. Manuscript Title Pediatric thoracic anesthesia: airway management for lung isolation and postoperative analgesia | | | |
| 6. Manuscript Identifying Number (if you know it) PM-19-51 | | | |
| | | | |
| Section 2. | The Work Under Co | onsideration for Publication | |
| Did you or your institution at any time receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)? Are there any relevant conflicts of interest? Yes No | | | |
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| Section 4. | | | |
| section 4. | Intellectual Proper | ty Patents & Copyrights | |
| Do you have any p | oatents, whether planr | ned, pending or issued, broadly relevant to the work | x? ☐ Yes ✓ No |

Piccioni 2



| Section 5. Relationships not sovered above | | |
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| Section 6. Disclosure Statement | | |
| Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below. | | |
| Dr. Piccioni has nothing to disclose. | | |

Evaluation and Feedback

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Piccioni 3



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Templeton 1



| Section 1. | Identifying Inform | ation | |
|---|----------------------------|-------------------------------------|--|
| 1. Given Name (Fir Thomas Wesley | rst Name) | 2. Surname (Last Name) Templeton | 3. Date 06-May-2019 |
| 4. Are you the cor | responding author? | Yes ✓ No | Corresponding Author's Name Federico Piccioni |
| 5. Manuscript Title Pediatric thoraci | | nagement for lung isolati | on and postoperative analgesia |
| 6. Manuscript Ider PM-19-51 | ntifying Number (if you kn | ow it) | |
| | | | - |
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| Section 4. | | | |
| Section 4. | Intellectual Proper | ty Patents & Copyric | hts |
| Do you have any | patents, whether plans | ned, pending or issued, br | oadly relevant to the work? Yes V No |

Templeton 2



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Morris 1



| Section 1. Identifying Inf | formation | |
|---|----------------------------------|--|
| 1. Given Name (First Name) Benjamin | 2. Surname (Last Name) Morris | 3. Date 06-May-2019 |
| 4. Are you the corresponding author? | ☐ Yes ✓ No | Corresponding Author's Name Federico Piccioni |
| 5. Manuscript Title Pediatric thoracic anesthesia: airway management for lung isolation and postoperative analgesia | | |
| 6. Manuscript Identifying Number (if y PM-19-51 | ou know it) | |
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Morris 2



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paten[.]

Valenza 1



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|---|-----------------------------------|---|------------------------|
| 1. Given Name (First Name) Franco | 2. Surname (Last Name) Valenza | | 3. Date 06-May-2019 |
| 4. Are you the corresponding author? | ☐ Yes ✓ No | Corresponding Author's Nam Federico Piccioni | ne |
| 5. Manuscript Title Pediatric thoracic anesthesia: airway ma | anagement for lung isolati | ion and postoperative analg | esia |
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| Do you have any patents, whether plan | ned, pending or issued, br | roadly relevant to the work? | ☐ Yes ✓ No |

Valenza 2



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