## ICMJE DISCLOSURE FORM

| Date:                         | 12/6/2021  |
|-------------------------------|--|
| Your Name:                    | Bei Pei  |
| Manuscript Title:             | Advances in airway management during the induction of anesthesia: a narrative review |
| Manuscript Number (if known): | JOMA-21-3-R3   |

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 author's relationships/activities/interests should be defined broadly. 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.

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.

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|   |   | Time frame: past 36 month   | IS  |
| 2 | Grants or<br>contracts from<br>any entity (if not<br>indicated in item<br>#1 above).  | None  |   |
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|    |   |   | Comments (e.g., if payments were to your institution) |
|----|---|---|---|
| 4  | Consulting fees   | ☑    None      □    □      □    □      □    □ |   |
| 5  | Payment or<br>honoraria for<br>lectures,<br>presentations,<br>speakers<br>bureaus,<br>manuscript<br>writing or<br>educational<br>events | None  |   |
| 6  | Payment for<br>expert testimony   | ☑    None                                     |   |
| 7  | Support for<br>attending<br>meetings and/or<br>travel   | ☑    None                                     |   |
| 8  | Patents planned,<br>issued or<br>pending  | ☑    None                                     |   |
| 9  | Participation on<br>a Data Safety<br>Monitoring<br>Board or<br>Advisory Board   | None  |   |
| 10 | Leadership or<br>fiduciary role in<br>other board,<br>society,<br>committee or<br>advocacy group,<br>paid or unpaid                     | ☑    None                                     |   |

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| 12        | Receipt of<br>equipment,<br>materials, drugs,<br>medical writing,<br>gifts or other<br>services   |  | None  |   |
| 13        | Other financial or<br>non-financial<br>interests  |  | None  |   |
| Plea<br>× | 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. |  |   |   |

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| Your Name:                    | Ming Xia   |
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| Manuscript Number (if known): | JOMA-21-3-R3   |

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| 8  | Patents planned,<br>issued or<br>pending  | None   |      |
| 9  | Participation on<br>a Data Safety<br>Monitoring<br>Board or<br>Advisory Board   | None   |      |
| 10 | Leadership or<br>fiduciary role in<br>other board,<br>society,<br>committee or<br>advocacy group,<br>paid or unpaid                     | None   |      |

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