ICMJE DISCLOSURE FORM

Date:	Dec. 31 th , 2021					
Your Name:	Ajay Singh	_				
Manuscript [•]	Title: Editorial commenta	y: Does a Nasal	Airway Facilitate	e Nasotracheal I	ntubation or N	ot?
Manuscript	number (if known):	IOMA-21-24				

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>.

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.

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) Time frame: Since the initial	Specifications/Comments (e.g., if payments were made to you or to your institution)
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		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	xNone	
5		x None	

	Payment or honoraria for				
	lectures, presentations,				
	speakers bureaus,				
	manuscript writing or				
	educational events				
6	Payment for expert	x None			
	testimony				
7	Support for attending meetings and/or travel	x None			
8	Patents planned, issued or	x None			
	pending				
9	Participation on a Data	x None			
	Safety Monitoring Board or Advisory Board				
10	-	y Nana			
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			
12	Receipt of equipment,	x None			
	materials, drugs, medical				
	writing, gifts or other				
	services				
13	Other financial or non-	x None			
	financial interests				
Plea	se summarize the above co	nflict of interest in the fo	llowing 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.

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Date:	Dec. 31 th , 2021					
Your Name:	Kashish Garg					
Manuscript 1	Title: Editorial commenta	ry: Does a Nasal	Airway Facilitate	Nasotracheal II	ntubation or N	ot?
Manuscript i	number (if known):	JOMA-21-24				

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Date:	Dec. 31 th , 2021	•				
Your Name:	Shiv Lal Soni					
Manuscript	Title: Editorial commenta	ry: Does a Nasal	Airway Facilitate	Nasotracheal	Intubation or	r Not?
Manuscript	number (if known):	JOMA-21-24				

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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