ICMJE DISCLOSURE FORM

Date:		10/10/2022	10/10/2022			
Your Name:		Patrick Alexander Ward	Patrick Alexander Ward			
Manuscript Title:		Anaesthesia for oral cancer: introdu	Anaesthesia for oral cancer: introduction to special series			
Manuscript Number (if known):		N/A				
to to	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	epidemiology of hyp	os/activities/interests should be defined bro ertension, you should declare all relationsh medication is not mentioned in the manusc				
	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: Since the initial pl	anning of the work			
1	All support for the present manuscript (e.g., funding,	✓ None				
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	funding, provision of		Click the tab key to add additional rows.			
	funding,		Click the tab key to add additional rows.			
	funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for	Time frame: past 36				
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indicated in item #1 above).

		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)
3	Royalties or licenses	None	
4	Consulting fees	None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	
10	Leadership or fiduciary role in	None	

		relationship or indicate none (add rows as needed)	were made to you or to your institution)
	other board, society, committee or advocacy group, paid or unpaid		
11	Stock or stock options	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non-financial interests	▼ None	

Please place an "X" next to the following statement to indicate your agreement:

I, Patrick Ward, 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:			10/10/2022			
Your Name:			Michael G IRWIN			
Manuscript Title: Manuscript Number (if known):			Anaesthesia for oral cancer: introduction to special series			
		f	N/A			
to the content of your manuscri interests may be affected by the			we ask you to disclose all relationships/activities/interests listed below that are related ript. "Related" means any relation with for-profit or not-for-profit third parties whose ne content of the manuscript. Disclosure represents a commitment to transparency and a bias. If you are in doubt about whether to list a relationship/activity/interest, it is			
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relatio			all entities with whom you have this nship or indicate none (add rows as d)	Specifications/Comments (e.g., if payments were made to you or to your institution)	3	
			Time frame: Since the initial planning	ng of the work		
1	All support for the present	X I	None			
	manuscript (e.g.,					
	funding, provision of			Clink the tab key to add additional rays		
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	article processing charges, etc.) No time limit for this item.					
			Time frame: past 36 mon	ths		
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		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)
3 Royalties licenses		□ None Textbook: Taking on TIVA Cambridge University Press	
4 Consultin	ng fees	None	
5 Payment honoraria lectures, presenta speakers bureaus, manuscr writing o educatio events	a for ations, s, ript	None	
6 Payment expert testimon		None Non	
7 Support attending meetings and/or tr	g s	□ None AAGBI Belfast September 2022	
8 Patents planned, or pendi		None Non	
9 Participa a Data S Monitorii Board or Advisory	safety ng r v Board	None ■	
10 Leadersł fiduciary		None	

		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)
	other board, society, committee or advocacy group, paid or unpaid		
11	Stock or stock options	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non-financial interests	None	
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