

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.

Identifying information.

2. The work under consideration for publication.

This section asks for information about the work that you have submitted for publication. The time frame for this reporting is that of the work itself, from the initial conception and planning to the present. The requested information is about resources that you received, either directly or indirectly (via your institution), to enable you to complete the work. Checking "No" means that you did the work without receiving any financial support from any third party -- that is, the work was supported by funds from the same institution that pays your salary and that institution did not receive third-party funds with which to pay you. If you or your institution received funds from a third party to support the work, such as a government granting agency, charitable foundation or commercial sponsor, check "Yes".

3. Relevant financial activities outside the submitted work.

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Report all sources of revenue paid (or promised to be paid) directly to you or your institution on your behalf over the 36 months prior to submission of the work. This should include all monies from sources with relevance to the submitted work, not just monies from the entity that sponsored the research. Please note that your interactions with the work's sponsor that are outside the submitted work should also be listed here. If there is any question, it is usually better to disclose a relationship than not to do so.

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4. Intellectual Property.

This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

Relationships not covered above.

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Licensed: The patent has been licensed to an entity, whether earning royalties or not

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

Cicenia 1



Section 1.	Identifying Inform	ation				
1. Given Name (First Name) Joseph		2. Surname (Last Name) Cicenia			3. Date 06-April-2020	
4. Are you the corresponding author?		✓ Yes No				
5. Manuscript Title Navigational Bronchoscopy: A Guide Through History, Current Use, and Developing Technology						
6. Manuscript Identifying Number (if you know it) JTD-2019-NDT-11						
Section 2.	The Work Under Co	onsideration for Pub	lication			
any aspect of the s statistical analysis,	ubmitted work (including	but not limited to grants,	data monitoring		commercial, private foundation, etc.) for design, manuscript preparation,	
Section 3.	Relevant financial	activities outside the	e submitted	work.		
of compensation clicking the "Add) with entities as descri	bed in the instructions. port relationships that w	Use one line for vere present d	or each entity;	elationships (regardless of amount ; add as many lines as you need by months prior to publication.	
If yes, please fill o	out the appropriate info	ormation below.				
Name of Entity		Grant? Personal N	lon-Financial Support <mark>?</mark>	Other? Co	omments	
Medtronic				✓ KOL	activities	
BodyVision LTD				✓ KOL	activities, research support	
Section 4.	Intellectual Proper	ty Patents & Copy	rights			
Do you have any	patents, whether plan	ned, pending or issued,	broadly releva	nt to the wor	k? Yes 🗸 No	

Cicenia 2



Section 5.				
Section 5.	Relationships not covered above			
Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?				
Yes, the following relationships/conditions/circumstances are present (explain below):				
✓ No other rela	tionships/conditions/circumstances that present a potential conflict of interest			
	anuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements rnals may ask authors to disclose further information about reported relationships.			
Soction 6				
Section 6.	Disclosure Statement			
Based on the abo below.	ove disclosures, this form will automatically generate a disclosure statement, which will appear in the box			
Dr. Cicenia repo	rts other from Medtronic, other from BodyVision LTD, outside the submitted work; .			

Evaluation and Feedback

Please visit http://www.icmje.org/cgi-bin/feedback to provide feedback on your experience with completing this form.

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Avasarala 1



Section 1.	Identifying Inform	nation			
Given Name (First Name) Sameer		2. Surname (Last Name) Avasarala	3. Date 29-March-2020		
4. Are you the corresponding author?		Yes ✓ No	Corresponding Author's Name Joseph Cicenia		
5. Manuscript Title Navigational Bronchoscopy: A Guide Though History, Current Use,		ough History, Current Use	e, and Developing Technology		
6. Manuscript Iden	ntifying Number (if you kn	now it)			
Section 2. The Work Under Consideration 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 Volume Yes					
Section 3.	Relevant financial	activities outside the s	ubmitted work.		
of compensation clicking the "Add) with entities as descri	bed in the instructions. Us port relationships that wer	ether you have financial relationships (regardless of amount se one line for each entity; add as many lines as you need by e present during the 36 months prior to publication .		
Section 4.	Intellectual Proper	ty Patents & Copyric	yhts		
Do you have any			oadly relevant to the work? ☐ Yes 📝 No		

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	anuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements rnals may ask authors to disclose further information about reported relationships.		
Section 6.	Disclosure Statement		
Based on the abo	ove disclosures, this form will automatically generate a disclosure statement, which will appear in the box		
Dr. Avasarala has	s nothing to disclose.		

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Gildea 1



Section 1. Identifying Inform	ation				
1. Given Name (First Name) Thomas	2. Surname (Last Name) Gildea	3. Date 13-April-2020			
4. Are you the corresponding author?	☐ Yes ✓ No	Corresponding Author's Name Joseph Cicenia			
5. Manuscript Title Navigational Bronchoscopy: A Guide Through History, Current Use, and Developing Technology					
6. Manuscript Identifying Number (if you know it) JTD-2019-NDT-11					
Section 2. The Work Under Co					
The Work Under Co	onsideration for Public	ation			
	but not limited to grants, da	a third party (government, commercial, private foundation, etc.) for ta monitoring board, study design, manuscript preparation,			
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If yes, please fill out the appropriate info	rmation below.				
Name of Entity	Grant? Personal Nor	Other? Comments			
Medtronic		Advisory Board			
ntuitive surgical		advisory board			
&J/Ethicon/Auris robotics	✓	multicenter study, advisory board			
Section 4. Intellectual Proper	ty Patents & Copyrig	hts			
Do you have any patents, whether plans	ned, pending or issued, br	oadly relevant to the work? Yes V No			

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Dr. Gildea reports other from Medtronic, other from Intuitive surgical, grants and other from J&J/Ethicon/Auris robotics, outside the submitted work; .			

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