Date:09/22/2021		 	
Your Name:_Wissam Abouzgheib		 	
Manuscript Title:		 	 _
Manuscript number (if known):	JTD -21-936		

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.

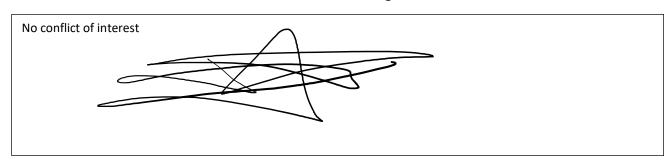
The following questions apply to the author's relationships/activities/interests as they relate to the <u>current manuscript only</u>.

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.

		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)
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	None	
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	
4	Consulting fees	None	

lectures, presentations, speakers bureaus, manuscript writing or educational events 6 Payment for expert testimony 7 Support for attending meetings and/or travel 8 Patents planned, issued or pending 9 Participation on a Data Safety Monitoring Board or Advisory Board 10 Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid 11 Stock or stock options None	5	Payment or honoraria for	None	
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committee or advocacy group, paid or unpaid	10		None	
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12 Receipt of equipment,None	12	Receipt of equipment,	None	
materials, drugs, medical				
writing, gifts or other services				
13 Other financial or non- None	13		None	
financial interests	10			

Please summarize the above conflict of interest in the following box:



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

__x certify that I have answered every question and have not altered the wording of any of the questions on this form.

Date:	9/19/21	
Your Name:_	Osheen Abramiar	n, MD
Manuscript T	itle:Quality of tran	nsbronchial biopsy with large forceps compared to
cryobiopsy: a	randomized controll	led, single blinded live animal study.
Manuscript n	umber (if known):	JTD-21-936-CL

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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		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)
		Time frame: Since the initial	planning of the work
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	None	
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	
4	Consulting fees	None	

5	Payment or honoraria for lectures, presentations, speakers bureaus,	None	
	manuscript writing or		
	educational events		
6	Payment for expert	None None	
	testimony		
7	Support for attending meetings and/or travel	None	
	meetings unity of craver		
8	Patents planned, issued or	None	
	pending		
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9	Participation on a Data Safety Monitoring Board or	None	
	Advisory Board		
10	Leadership or fiduciary role	None	
	in other board, society,		
	committee or advocacy group, paid or unpaid		
11	Stock or stock options	None	
12	Receipt of equipment,	None	
	materials, drugs, medical writing, gifts or other		
	services		
13	Other financial or	None	
	non-financial interests		
Ple	ease summarize the above c	onflict of interest in the fo	lowing box:
	None		

_x__ I certify that I have answered every question and have not altered the wording of any of the questions on this form.

Date: 9/20/2021	
Vour Name: Shuyue Ren MD PHD	
Manuscript Title: Quality of frans pronched bio	psy with large for ceps compared to enjobi spry:
Manuscript number (if known): JTD - 21 - 936 -	/
	a randomized controlled, single blanded live and

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ī		Time frame: Since the initi	al planning of the work
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21		Time frame: pas	st 36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	<u>V</u> None	
3	Royalties or licenses	None	
4	Consulting fees	None	

5	Payment or honoraria for lectures, presentations,	None	
	speakers bureaus, manuscript writing or educational events		
6	Payment for expert	<u>V</u> None	
	testimony		
7	Support for attending meetings and/or travel	None	
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8	Patents planned, issued or	<u>V</u> None	
	pending		
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9	Participation on a Data	V_None	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role in other board, society,	None	
	committee or advocacy group, paid or unpaid		
11	Stock or stock options	None	
		/	
12	Receipt of equipment,	None	
	materials, drugs, medical		
	writing, gifts or other		
	services	1	
13	Other financial or non-	None	
	financial interests		
Ple	ease summarize the above o	conflict of interest in the	following box:
-			

I certify that I have answered every question and have not altered the wording of any of the questions on this form.

Date: 9/21/2021

Your Name: William Rafferty

Manuscript Title: Quality of transbronchial biopsy with large forceps compared to cryobiopsy: a randomized controlled

single blinded live animal study.

Manuscript number (if known): JTD-21-936-CL

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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		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)
1	All average at fair the conseque		planning of the work
1	All support for the present	None	
	manuscript (e.g., funding,		
	provision of study materials,		
	medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
		Time frame: past	36 months
2	Grants or contracts from	None	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	None	
4	Consulting fees	None	

5	Payment or honoraria for lectures, presentations, speakers bureaus,	None	
	manuscript writing or educational events		
6	Payment for expert	None	
	testimony		
7	Comment for attending	News	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or	None	
	pending		
9	Participation on a Data	None	
,	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	None	
	in other board, society,		
	committee or advocacy group, paid or unpaid		
11	Stock or stock options	None	
	·		
12	Receipt of equipment,	None	
	materials, drugs, medical writing, gifts or other		
	services		
13	Other financial or non-	None	
	financial interests		
Ple	ease summarize the above c	onflict of interest in the	following box:
	None		

_X__ I certify that I have answered every question and have not altered the wording of any of the questions on this form.

Date: 9/22/2021

Your Name: Bhavi Patel

Manuscript Title: Quality of transbronchial biopsy with large forceps compared to cryobiopsy: a randomized controlled,

single blinded live animal study

Manuscript number (if known): JTD-21-936-CL

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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1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	xNone	
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	_xNone	
3	Royalties or licenses	xNone	
4	Consulting fees	xNone	

5	Payment or honoraria for	x_None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	x_None	
	testimony		
7	Support for attending	xNone	
	meetings and/or travel		
8	Patents planned, issued or	xNone	
	pending		
9	Participation on a Data Safety Monitoring Board or	xNone	
	Advisory Board		
10	Leadership or fiduciary role	xNone	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	x_None	
12	Receipt of equipment,	xNone	
	materials, drugs, medical		
	writing, gifts or other		
10	services		
13	Other financial or non-	_xNone	
	financial interests		
Ple	ease summarize the above co	onflict of interest in the fol	lowing box:

None			

_x__ I certify that I have answered every question and have not altered the wording of any of the questions on this form.

Date:09/21/21	
Your Name:_Nagendra Y Madisi	
Manuscript Title: Quality of transbronchial biopsy with large forceps compared to	
cryobiopsy: a randomized controlled, single blinded live animal	
study	
Manuscript number (if known): JTD-21-936-	
CL	

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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4.4		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	

4	Consulting fees	None	(1) 考证,1000年100年100日
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5	Payment or honoraria for	None	The state of the s
	lectures, presentations,		
	speakers bureaus, manuscript writing or educational events		
6	Payment for expert testimony	None	T. C. L. W. W. C. Sarra, Sec.
7	Support for attending meetings and/or travel	None	
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			to the contract and artistic property and its professional professional and the contract of th
8	Patents planned, issued or pending	None	of the first of the second of
9	Participation on a Data	None	and the second s
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role in other board, society,	None	20 TO TO THE PARTY OF THE PARTY
N. C.	committee or advocacy group, paid or unpaid		The second secon
11	Stock or stock options	None	CONTRACTOR OF STREET,
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13	Other financial or non-	None	Section of the sectio
	financial interests		
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Please summarize the above conflict of interest in the following box:

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

x_ I certify t	hat I have answered	every question and have	not altered the wording o	f any of the questions on this
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1/20/20:21
Your Name: Pay Kannarkatt Your Name: Pay Kannarkatt Title: Avality of transpronchial biogsy with large forceps sompared to cryobiogsy
Your Name: Pay hall be strong beasy with not toryosiaps of
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Manuscript number (if known): $\mathcal{I} \mathcal{I} \mathcal{I} \mathcal{I} \mathcal{I} \mathcal{I} \mathcal{I} \mathcal{I} $
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	softensk, in appropriate within the contract works	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)
		Time frame: Since the initi	al planning of the work
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		Time frame: pa	st 36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	
	Consulting fees	None	

5	Payment or honoraria for lectures, presentations, speakers bureaus,	None	
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	charkers hurealls		
	Speakers bureaus)		
	manuscript writing or		
	educational events		
6	Payment for expert	None	
	testimony		
7	Support for attending	None	
	meetings and/or travel		
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8	Patents planned, issued or	X_None	
	pending		
9	Participation on a Data	× None	
	Safety Monitoring Board or		
	Advisory Board		
10		× None	
10	Leadership or fiduciary role	None	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	X_None	
12	Receipt of equipment,	✓ None	
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	writing, gifts or other		
	services		
	Other financial or non-	<u>>-</u> None	
	financial interests		

Dlagga CI	ımmariza	the shove	conflict of	interesti	n the f	ollowing box:

	2	

I certify that I have answered every question and have not altered the wording of any of the questions on the form.

	1 .	ICMIJE DISCLOSUKE FORM	
_	9/21/21		
Date:	1/21/-		
Your Name:	mus Billian	CAPLDLOWA	
	Title: QUALITY OF		0B/3PSY
Manuscript	number (if known):	JTD-21-956-CL	ł
In the intere	est of transparency we	ask you to disclose all relationships/activities/interests listed below that are	
related to th	e content of your manu	iscript. "Related" means any relation with for-profit or not-for-profit third	
parties whos	se interests may be affect	cted by the content of the manuscript. Disclosure represents a commitment	
to transpare	ency and does not neces	sarily indicate a bias. If you are in doubt about whether to list a	
relationship	/activity/interest, it is p	referable that you do so.	
The followir	ng questions apply to th only.	ne author's relationships/activities/interests as they relate to the <u>current</u>	
The author'	s relationships/activitie	es/interests should be <u>defined broadly</u> . For example, if your manuscript pertains	
to the epider	miology of hypertensior	n, you should declare all relationships with manufacturers of antihypertensive n is not mentioned in the manuscript.	
In item #1 b	elow, report all suppor	t for the work reported in this manuscript without time limit. For all other items,	
	me for disclosure is the		
		Name all entities with Specifications/Comments	
		whom you have this (e.g., if payments were made to you or to your relationship or indicate institution) none (add rows as	
		needed)	
	All support for the present	None Y	
	manuscript (e.g., funding,		
	provision of study		
	materials, medical writing,		
	article processing charges, etc.)		
	No time limit for this		
	item.		
2	Grants or contracts from	Time frame: past 36 months X None	
	any entity (if not indicated		
	in item #1 above).	•	
3	Royalties or licenses	X None	

4 Consulting fees X None

lectures, presentations, speakers bureaus, manuscript writing or educational events	None			
6 Payment for expert testimony	None			
7 Support for attending meetings and/or travel	<u>X</u> 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 other board, society, committee or advocacy group, paid or unpaid	_X_None			
11 Stock or stock options	<u>M</u> None			
12 Receipt of equipment, materials, drugs, medical writing, gifts or other services	None			
13 Other financial or non- financial interests	None			
Please summarize the above conflict of interest in the following box:				
NU CONFLIC	T OF INTERESTS			

1 certify that I have answered every question and have not altered the wording of any of the questions on thi

M

Date:_9/20/2021		
Your Name:_Krystal Hunter		
Manuscript Title:_ Quality of transbronchial biopsy with large forceps compared to cryobiopsy: a randomized controlled, single blinded live animal study.		
Manuscript number (if known):_ ITD-21-936CI		

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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		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)
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		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	_XNone	
3	Royalties or licenses	XNone	

4	Consulting fees	XNone	
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5	Payment or honoraria for	XNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or educational events		
6	Payment for expert	X None	
	testimony		
	testimony		
7	Support for attending	X None	
	meetings and/or travel		
8	Patents planned, issued or	X None	
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9	Participation on a Data	X None	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	X None	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	XNone	
12	Receipt of equipment,	XNone	
	materials, drugs, medical		
	writing, gifts or other		
10	services		
13	Other financial or non-	_XNone	
	financial interests		
DI		uflick of interpret in the following	lauda a bau
Piea	Please summarize the above conflict of interest in the following box:		
N	one		

__X_ I certify that I have answered every question and have not altered the wording of any of the questions on this form.

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

Date:____9/20/2021____

Consulting fees

None

	r Name:Ziad Boujaou	···		
Mar	Nanuscript Title: Quality of transbronchial biopsy with large forceps compared to			
cry	cryobiopsy: a randomized controlled, single blinded live animal study.			
Mar	nuscript number (if known):	Manuscript ID: J7	TD-21-936-CL	
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to t		nsion, you should declare	lefined broadly. For example, if your manuscript pertains all relationships with manufacturers of antihypertensive ne manuscript.	
	em #1 below, report all sup time frame for disclosure is	-	l in this manuscript without time limit. For all other items,	
		Name all entities with	Specifications/Comments	
		Name all entities with whom you have this	Specifications/Comments (e.g., if payments were made to you or to your	
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		whom you have this relationship or indicate none (add rows as needed)	(e.g., if payments were made to you or to your institution)	
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1	All support for the present	whom you have this relationship or indicate none (add rows as needed)	(e.g., if payments were made to you or to your institution)	
1	manuscript (e.g., funding,	whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initia	(e.g., if payments were made to you or to your institution)	
1	manuscript (e.g., funding, provision of study materials,	whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initia	(e.g., if payments were made to you or to your institution)	
1	manuscript (e.g., funding, provision of study materials, medical writing, article	whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initia	(e.g., if payments were made to you or to your institution)	
1	manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)	whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initia	(e.g., if payments were made to you or to your institution)	
1	manuscript (e.g., funding, provision of study materials, medical writing, article	whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initia	(e.g., if payments were made to you or to your institution)	
1	manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)	whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initia	(e.g., if payments were made to you or to your institution)	
1	manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)	whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initial None	(e.g., if payments were made to you or to your institution) I planning of the work	
	manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initia None Time frame: pas	(e.g., if payments were made to you or to your institution) I planning of the work	
1	manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item. Grants or contracts from	whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initial None	(e.g., if payments were made to you or to your institution) I planning of the work	
	manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initia None Time frame: pas	(e.g., if payments were made to you or to your institution) I planning of the work	
	manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item. Grants or contracts from any entity (if not indicated	whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initia None Time frame: pas	(e.g., if payments were made to you or to your institution) I planning of the work	
2	manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item. Grants or contracts from any entity (if not indicated in item #1 above).	whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initia None Time frame: pastNone	(e.g., if payments were made to you or to your institution) I planning of the work	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or	None		
	educational events			
6	Payment for expert testimony	None		
	,			
7	Support for attending	None		
'	meetings and/or travel			
	meetings and, or traver			
8	Patents planned, issued or	None		
	pending			
9	Participation on a Data	None		
	Safety Monitoring Board or			
	Advisory Board			
10	Leadership or fiduciary role	None		
	in other board, society,			
	committee or advocacy			
	group, paid or unpaid			
11	Stock or stock options	None		
	Stock of Stock options			
12	Receipt of equipment,	None		
12	materials, drugs, medical	None		
	writing, gifts or other			
	services			
13	Other financial or non-	None		
13	financial interests	None		
	financial interests			
Plea	ase summarize the above co	ntlict of interest in the foll	owing box:	
	one			

__X_ I certify that I have answered every question and have not altered the wording of any of the questions on this form.