

ICMJE DISCLOSURE FORM

Date: 1st May 2022
Your Name: Dr James O'Rourke
Manuscript Title: *Short-term Phrenic Nerve Stimulation; no longer a therapy in search of a disease*
Manuscript number: JTD-22-411

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 current manuscript only.

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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 months			
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6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
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10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	
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 summarize the above conflict of interest in the following box:

<p>I can confirm that I have no conflicts of interest to disclose</p> <p>Dr James O'Rourke 1st May 2022 Irish Medical Council Number 19540 Consultant in Anaesthesia and Intensive Care Medicine, Beaumont Hospital, Dublin 9.</p> <p><i>Dr James O'Rourke</i></p>
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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.

