Date:May 24 th , 2022	
Your Name:Yanina JL Jansen	
Manuscript Title: Tracheal and cricotracheal res	ections: see one, do none, centralize?
Manuscript number (if known): JTD-22-672	

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) 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.	XNone	
2	Grants or contracts from any entity (if not indicated in item #1 above).	Time frame: pastXNone	36 months
3	Royalties or licenses	X_None	
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	XNone	
	testimony		
7	Compact for the P	V N	
7	Support for attending meetings and/or travel	XNone	
8	Patents planned, issued or	XNone	
	pending		
9	Participation on a Data	XNone	
	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,	X None	
14	materials, drugs, medical		+
	writing, gifts or other		
	services		
13	Other financial or non-	XNone	
	financial interests		
Plea	ase summarize the above co	nflict of interest in the foll	owing box:
A -			
N	lone.		
Plea	ase place an "X" next to the	following statement to inc	licate your agreement:

Date:May 24 th , 2022
Your Name:Jean HT Daemen
Manuscript Title: Tracheal and cricotracheal resections: see one, do none, centralize?
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	pending		
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	Safety Monitoring Board or Advisory Board		
10	Leadership or fiduciary role	X None	
	in other board, society,		
	committee or advocacy		
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12	Receipt of equipment,	X None	
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	writing, gifts or other		
	services		
13	Other financial or non-	XNone	
	financial interests		
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N	lone.		
Plea	ase place an "X" next to the	following statement to inc	licate your agreement:

Date:May 24 th , 2022	
Your Name:Karel WE Hulsewé	
Manuscript Title: Tracheal and cricotra	cheal resections: see one, do none, centralize?
Manuscript number (if known): JTD-22-67	2

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9	Participation on a Data	XNone	
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A -			
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Plea	ase place an "X" next to the	following statement to inc	licate your agreement:

Date:May 24 th , 2022	
Your Name:Yvonne LJ Vissers	
Manuscript Title: Tracheal and cricotracheal resections: see one, do none, centralize?	
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	any entity (if not indicated		
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3	Royalties or licenses	XNone	
4	Consulting fees	XNone	
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6	Payment for expert	XNone	
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7	Support for attending meetings and/or travel	XNone	
8	Patents planned, issued or	XNone	
	pending		
9	Participation on a Data	XNone	
	Safety Monitoring Board or Advisory Board		
10	Leadership or fiduciary role	X None	
	in other board, society,		
	committee or advocacy		
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14	materials, drugs, medical		+
	writing, gifts or other		
	services		
13	Other financial or non-	XNone	
	financial interests		
Plea	ase summarize the above co	nflict of interest in the foll	owing box:
A -			
N	lone.		
Plea	ase place an "X" next to the	following statement to inc	licate your agreement:

Date:May 24 th , 2022
Your Name:Erik R de Loos
Manuscript Title: Tracheal and cricotracheal resections: see one, do none, centralize?
Manuscript number (if known): JTD-22-672

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	No time limit for this item.					
	Time frame: past 36 months					
2	Grants or contracts from any entity (if not indicated	XNone				
	in item #1 above).					
3	Royalties or licenses	XNone				
4	Consulting fees	XNone				

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