

ICMJE DISCLOSURE FORM

Date: 26.05.2022

Your Name: Palaczyński Piotr

Manuscript Title: A Randomized Comparison between the VivaSight DL and Standard Double-Lumen Tube Intubation in Thoracic Surgery Patients

Manuscript number (if known): -

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.

The author's relationships/activities/interests should be defined broadly. 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.

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.

		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			
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2	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> None	
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13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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:

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

Prabh Patel

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Date: 26.05.2022

Your Name: Misiołek Hanna

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Miguel

ICMJE DISCLOSURE FORM

Date: 26.05.2022

Your Name: Białka Szymon

Manuscript Title: A Randomized Comparison between the VivaSight DL and Standard Double-Lumen Tube Intubation in Thoracic Surgery Patients

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Sydney Broder

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Date: 26.05.2022

Your Name: Owczarek Aleksander

Manuscript Title: A Randomized Comparison between the VivaSight DL and Standard Double-Lumen Tube Intubation in Thoracic Surgery Patients

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Chelise Holley Oursaud

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Date: 26.05.2022

Your Name: Wojciech Gola

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Leopoldo Gole

ICMJE DISCLOSURE FORM

Date: 26.05.2022

Your Name: Szarpak Łukasz

Manuscript Title: A Randomized Comparison between the VivaSight DL and Standard Double-Lumen Tube Intubation in Thoracic Surgery Patients

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Lukasz Szarpak

ICMJE DISCLOSURE FORM

Date: 21.07.2022
 Your Name: Jacek Smereka
 Manuscript Title: A Randomized Comparison between the VivaSight DL and Standard Double-Lumen Tube Intubation in Thoracic Surgery Patients
 Manuscript number (if known): _____

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

Present manuscript was supported by Wroclaw Medical University, grant number SUB.E080.19.013. I declare no other conflict of interest.

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Emmanuel Jacak