Date: August 25,2022 Your Name: Yu Huang

Manuscript Title: Effects of hypercapnia induced by tubeless anesthesia technique on cerebral oxygen saturation and postoperative cognitive function in patients undergoing video-assisted thoracoscopic surgery

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.

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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.	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	None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	None	
	testimony		
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		

I undertake not to have any of the above mentioned conflicts of interest.		

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

Date: August 25,2022 Your Name: Yun Bo

Manuscript Title: Effects of hypercapnia induced by tubeless anesthesia technique on cerebral oxygen saturation and postoperative cognitive function in patients undergoing video-assisted thoracoscopic surgery

Manuscript number (if known):_____

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	writing, gifts or other services		
13	Other financial or non-	None	
	financial interests		

I undertake not to have any of the above mentioned conflicts of interest.		

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

Date: August 25,2022 Your Name: Yujin Li

Manuscript Title: Effects of hypercapnia induced by tubeless anesthesia technique on cerebral oxygen saturation and postoperative cognitive function in patients undergoing video-assisted thoracoscopic surgery

Manuscript number (if known):_____

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13	Other financial or non-	None	
	financial interests		

I undertake	I undertake not to have any of the above mentioned conflicts of interest.			

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

Date: August 25,2022 Your Name: Yanhua Zhao

Manuscript Title: Effects of hypercapnia induced by tubeless anesthesia technique on cerebral oxygen saturation and postoperative cognitive function in patients undergoing video-assisted thoracoscopic surgery

Manuscript number (if known):_____

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	financial interests		

I undertake	I undertake not to have any of the above mentioned conflicts of interest.			

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

Date: August 25,2022 Your Name: Xinlan Li

Manuscript Title: Effects of hypercapnia induced by tubeless anesthesia technique on cerebral oxygen saturation and postoperative cognitive function in patients undergoing video-assisted thoracoscopic surgery

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.

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	financial interests		

I undertake	I undertake not to have any of the above mentioned conflicts of interest.					

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

Date: August 25,2022 Your Name: Dalin Chen

Manuscript Title: <u>Effects of hypercapnia induced by tubeless anesthesia technique on cerebral oxygen saturation and postoperative cognitive function in patients undergoing video-assisted thoracoscopic surgery</u>

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.

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I undertake	I undertake not to have any of the above mentioned conflicts of interest.					

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

Date: August 25,2022 Your Name: Na Deng

Manuscript Title: <u>Effects of hypercapnia induced by tubeless anesthesia technique on cerebral oxygen saturation and postoperative cognitive function in patients undergoing video-assisted thoracoscopic surgery</u>

Manuscript number (if known):_____

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I undertake	I undertake not to have any of the above mentioned conflicts of interest.					

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

Date: August 25,2022 Your Name: Jun Liu

Manuscript Title: Effects of hypercapnia induced by tubeless anesthesia technique on cerebral oxygen saturation and postoperative cognitive function in patients undergoing video-assisted thoracoscopic surgery

Manuscript number (if known):_____

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7	Support for attending meetings and/or travel	None	
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Please place an "X" next to the following statement to indicate your agreement:

Date: August 25,2022 Your Name: Junjie Li

Manuscript Title: Effects of hypercapnia induced by tubeless anesthesia technique on cerebral oxygen saturation and postoperative cognitive function in patients undergoing video-assisted thoracoscopic surgery

Manuscript number (if known):_____

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	financial interests		

I undertake	I undertake not to have any of the above mentioned conflicts of interest.					

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

Date: August 25,2022 Your Name: Mingzhen Zhu

Manuscript Title: Effects of hypercapnia induced by tubeless anesthesia technique on cerebral oxygen saturation and postoperative cognitive function in patients undergoing video-assisted thoracoscopic surgery

Manuscript number (if known):_____

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I undertake	I undertake not to have any of the above mentioned conflicts of interest.					

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

Date: August 25,2022
Your Name: Rongsheng Liu

Manuscript Title: Effects of hypercapnia induced by tubeless anesthesia technique on cerebral oxygen saturation and postoperative cognitive function in patients undergoing video-assisted thoracoscopic surgery

Manuscript number (if known):_____

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I undertake	I undertake not to have any of the above mentioned conflicts of interest.					

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

Date: August 25,2022 Your Name: Jun Peng

Manuscript Title: Effects of hypercapnia induced by tubeless anesthesia technique on cerebral oxygen saturation and postoperative cognitive function in patients undergoing video-assisted thoracoscopic surgery

Manuscript number (if known):_____

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I undertake	I undertake not to have any of the above mentioned conflicts of interest.					

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

Date: August 25,2022 Your Name: Hua Jin

Manuscript Title: Effects of hypercapnia induced by tubeless anesthesia technique on cerebral oxygen saturation and postoperative cognitive function in patients undergoing video-assisted thoracoscopic surgery

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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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