

ICMJJE DISCLOSURE FORM

Date: 22/08/2022

Your Name: Peter Mc Cauley

Manuscript Title: Tracheostomy Insertion in Covid-19: Insertion practice and factors leading to unplanned tube exchange.

Manuscript number (if known): JTD -22-896

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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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			
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.	<u>None</u>	
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<u>None</u>	
3	Royalties or licenses	<u>None</u>	
4	Consulting fees	<u>None</u>	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	_____ None	
6	Payment for expert testimony	_____ None	
7	Support for attending meetings and/or travel	_____ 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	_____ 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:

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.

ICMJE DISCLOSURE FORM

Date: 21/08/2022

Your Name: Amr Mohammed

Manuscript Title: Tracheostomy Insertion in Covid-19: Insertion practice and factors leading to unplanned tube

Manuscript number (if known): JTD-22-896

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ICMJJE DISCLOSURE FORM

Date: 21/08/2022

Your Name: Michelle Casey

Manuscript Title: Tracheostomy Insertion in Covid-19: Insertion practice and factors leading to unplanned tube exchange
 Manuscript number (if known): JTD-22-896

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None

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ICMJE DISCLOSURE FORM

Date: 22nd August 2022

Your Name: Eslam Ramadan

Manuscript Title: Tracheostomy Insertion in Covid-19: Insertion practice and factors leading to unplanned tube exchange.

Manuscript number (if known): JTD -22-896

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11	Stock or stock options	<u> </u> None	
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13	Other financial or non-financial interests	<u> </u> None	

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

form.

ICMJE DISCLOSURE FORM

Date: 21/0822
 Your Name: Dr Sinead Galvin
 Manuscript Title: Tracheostomy insertion in Covid-19
 Manuscript number (if known): JTD-22-896

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11	Stock or stock options	None	none
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	none
13	Other financial or non-financial interests	None	none

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

<p>I can emphatically go on record as having no conflict of interest in this submission.</p> <p>Sinead Galvin- Irish Medical Council number 24134</p>

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.

ICMJJE DISCLOSURE FORM

Date: 23/08/2022

Your Name: James Paul O' Neill

Manuscript Title: Tracheostomy Insertion in Covid-19: Insertion practice and factors leading to unplanned tube exchange.

Manuscript number (if known): JTD -22-896

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ICMJJE DISCLOSURE FORM

Date: August 21st 2022

Your Name: Gerard F Curley

Manuscript Title: Tracheostomy Insertion in Covid-19: Insertion practice and factors leading to unplanned tube exchange

Manuscript number (if known): JTD-22-896

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None

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form.

ICMJE DISCLOSURE FORM

Date: 23/08/2022

Your Name: _Imran Sulaiman

Manuscript Title: Tracheostomy Insertion in Covid-19: Insertion practice and factors leading to unplanned tube exchange.

Manuscript number (if known): JTD -22-896

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ICMJE DISCLOSURE FORM

Date: 22/08/2022

Your Name: Michael Emmet O'Brien

Manuscript Title: Tracheostomy Insertion in Covid-19: Insertion practice and factors leading to unplanned tube exchange. A retrospective observational cohort study of experiences from a tertiary referral centre.

Manuscript number (if known): JTD-22-896

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I have no conflict of interest to declare.
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ICMJE DISCLOSURE FORM

Date: 21st August 2022
Your Name: Dr James O'Rourke
Manuscript Title: Tracheostomy Insertion in Covid-19: Insertion practice and factors leading to unplanned tube exchange
Manuscript number (if known): JTD – 22 - 896

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I have No Conflicts of Interests

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Dr James O'Rourke

21st August 2022