

ICMJE DISCLOSURE FORM

Date: _____ **March 25th, 2023** _____

Your Name: _____ Vinciya Pandian, PhD, MBA, MSN, RN, ACNP-BC, FAANP, FAAN, FCCM, FRCSI _____

Manuscript Title: __Improving Airway Management and Tracheostomy Care Through Interprofessional Collaboration: Aligning Timing, Technique, and Teamwork_____

Manuscript number (if known): _____JTD-23-205(E-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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		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.	__X__ (2018-2023)	Vinciya Pandian receives support from NIH (National Institute of Nursing Research, NINR (R01NR017433-01A) (Title: Symptoms Assessment and Screening for Laryngeal Injury Post-extubation in ICU)
Time frame: past 36 months			
2		__X__ None	

	Grants or contracts from any entity (if not indicated in item #1 above).		
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6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	
11	Stock or stock options	<input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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Date: _____ March 25th, 2023 _____

Your Name: _____ Joshua H. Atkins MD, PhD, CPE, FASA _____

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Date: _____ March 25th, 2023 _____

Your Name: _____ Amy Freeman-Sanderson, PhD, BAppSc, CPSP _____

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Your Name: _____ Nicholas Prush, PhD, MHA, RRT, RRT-ACCS _____

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Date: _____ March 25th, 2023 _____

Your Name: _____ David J. Feller-Kopman, MD _____

Manuscript Title: __Improving Airway Management and Tracheostomy Care Through Interprofessional Collaboration: Aligning Timing, Technique, and Teamwork_____

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Date: _____ March 29th, 2023 _____

Your Name: _____ Brendan A McGrath, MB ChB FRCP FRCA EDIC DICM AHEA FFICM MAcadMEd PhD _____

Manuscript Title: __Improving Airway Management and Tracheostomy Care Through Interprofessional Collaboration: Aligning Timing, Technique, and Teamwork_____

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Date: _____ March 25th, 2023 _____

Your Name: _____ Michael J. Brenner, MD, FACS _____

Manuscript Title: __Improving Airway Management and Tracheostomy Care Through Interprofessional Collaboration: Aligning Timing, Technique, and Teamwork_____

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