ICMJE DISCLOSURE FORM

| Date: _2023-03-16 |
|--|
| Your Name:Pingping Miao |
| Manuscript Title: Risk factors of aspiration occurence with different feeding patterns in elderly intensive care unit (ICU |
| patients: a cross-sectional study |
| Manuscript number (if known): |

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| | | Time frame: past | 36 months |
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| 4 | Consulting fees | XNone | |

| 5 | Payment or honoraria for | X None | |
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| , | lectures, presentations, | | |
| | speakers bureaus, | | |
| | manuscript writing or | | |
| | educational events | | |
| 6 | Payment for expert | XNone | |
| | testimony | | |
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| 7 | Support for attending meetings and/or travel | XNone | |
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| 8 | Patents planned, issued or | XNone | |
| | pending | | |
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| | Advisory Board | | |
| 10 | Leadership or fiduciary role | X None | |
| 10 | in other board, society, | XNONE | |
| | committee or advocacy | | |
| | group, paid or unpaid | | |
| 11 | Stock or stock options | XNone | |
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| 12 | Receipt of equipment, | XNone | |
| | materials, drugs, medical | | |
| | writing, gifts or other | | |
| 13 | Other financial or non- financial interests | V None | |
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| lectures, presentations, speakers bureaus, manuscript writing or educational events 6 Payment for expert testimony 7 Support for attending meetings and/or travel 8 Patents planned, issued or pending 9 Participation on a Data Safety Monitoring Board or Advisory Board 10 Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid 11 Stock or stock options 12 Receipt of equipment, materials, drugs, medical writing, gifts or other services 13 Other financial interests Please summarize the above conflict of interest in the following box: | 5 | Payment or honoraria for | X None | |
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| Advisory Board Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid Stock or stock options Receipt of equipment, materials, drugs, medical writing, gifts or other services Other financial or non-financial interests Please summarize the above conflict of interest in the following box: | 9 | The state of the s | XNone | |
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| services Other financial or non- financial interests Please summarize the above conflict of interest in the following box: | | | | |
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| Please summarize the above conflict of interest in the following box: | 13 | | XNone | |
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| The author has no conflicts of interest to declare. | 1 10 | ase summarize the above e | onnice of interest in the re | mowing box. |
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| Date:_2023-03-16 | | |
|--|---------|------|
| Your Name:Ailing Zhong | | |
| Manuscript Title: Risk factors of aspiration occurence with different feeding patterns in elderly intensive care | unit (I | ICU) |
| patients: a cross-sectional study | | |
| Manuscript number (if known): | | |

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| 6 | Payment for expert | XNone | |
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| 7 | Support for attending meetings and/or travel | XNone | |
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| 8 | Patents planned, issued or | XNone | |
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| 9 | Participation on a Data | XNone | |
| | Safety Monitoring Board or | | |
| 10 | Advisory Board | V N | |
| 10 | Leadership or fiduciary role in other board, society, | XNone | |
| | committee or advocacy | | |
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| 11 | Stock or stock options | X None | |
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| 13 | Other financial or non- | XNone | |
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