| Date: | _22/10/2022 |
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| Your Name: | Tong Chak Kwan |
| Manuscript | Title:Use of high flow nasal cannula oxygen therapy for patients infected with SARS-CoV-2 outside |
| intensive ca | re setting |
| 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 <u>current manuscript only</u>.

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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) |
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| | | 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. | XNone | |
| | | Time frame: past | 36 months |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | XNone | |
| 3 | Royalties or licenses | XNone | |
| 4 | Consulting fees | XNone | |

| 5 | Payment or honoraria for | X None | |
|------|--|---------------------------------|------------|
| | lectures, presentations, | | |
| | speakers bureaus, | | |
| | manuscript writing or educational events | | |
| 6 | Payment for expert | X None | |
| | testimony | None | |
| | , | | |
| 7 | Support for attending | X None | |
| | meetings and/or travel | | |
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| 8 | Patents planned, issued or | X None | |
| | pending | | |
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| 9 | Participation on a Data | _ X None | |
| | Safety Monitoring Board or | | |
| _ | Advisory Board | | |
| 10 | Leadership or fiduciary role | X None | |
| | in other board, society, committee or advocacy | | |
| | group, paid or unpaid | | |
| 11 | Stock or stock options | X None | |
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| 12 | Receipt of equipment, | X None | |
| | materials, drugs, medical | | |
| | writing, gifts or other | | |
| 13 | services Other financial or non- | V Nove | |
| 13 | financial interests | X None | |
| | Threston interests | | |
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| Date: | _22/10/2022 |
|--------------|---|
| Your Name: | Chan Yu Hong |
| Manuscript | Title:Use of high flow nasal cannula oxygen therapy for patients infected with SARS-CoV-2 outside |
| intensive ca | re setting |
| 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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| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | XNone | |
| 3 | Royalties or licenses | XNone | |
| 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 | X None | |
| | testimony | None | |
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| 7 | Support for attending | X None | |
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| 9 | Participation on a Data | _ X None | |
| | Safety Monitoring Board or | | |
| _ | Advisory Board | | |
| 10 | Leadership or fiduciary role | X None | |
| | in other board, society, committee or advocacy | | |
| | group, paid or unpaid | | |
| 11 | Stock or stock options | X None | |
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| 12 | Receipt of equipment, | X None | |
| | materials, drugs, medical | | |
| | writing, gifts or other | | |
| 13 | services Other financial or non- | V Nove | |
| 13 | financial interests | X None | |
| | Threston interests | | |
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| Date: | _22/10/2022 |
|--------------|---|
| Your Name: | Cheuk Cheung Derek Leung |
| Manuscript | Title:Use of high flow nasal cannula oxygen therapy for patients infected with SARS-CoV-2 outside |
| intensive ca | re setting |
| Manuscript | number (if known): |

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| | | Time frame: past | 36 months |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | XNone | |
| 3 | Royalties or licenses | XNone | |
| 4 | Consulting fees | XNone | |

| 5 | Payment or honoraria for | X None | |
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| | lectures, presentations, | | |
| | speakers bureaus, | | |
| | manuscript writing or | | |
| - | educational events | V Nove | |
| 6 | Payment for expert testimony | _ X None | |
| | testimony | | |
| 7 | Support for attending | X None | |
| ′ | meetings and/or travel | ^_None | |
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| 8 | Patents planned, issued or | X None | |
| | pending | | |
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| 9 | Participation on a Data | _ X None | |
| | Safety Monitoring Board or | | |
| | Advisory Board | | |
| 10 | Leadership or fiduciary role | _ X None | |
| | in other board, society, committee or advocacy | | |
| | group, paid or unpaid | | |
| 11 | Stock or stock options | _ X None | |
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| 12 | Receipt of equipment, | X None | |
| | materials, drugs, medical writing, gifts or other | | |
| | services | | |
| 13 | Other financial or non- | X None | |
| | financial interests | | |
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| Date: | _22/10/2022 |
|--------------|---|
| Your Name: | :Kwok Chin Tong |
| Manuscript | Title:Use of high flow nasal cannula oxygen therapy for patients infected with SARS-CoV-2 outside |
| intensive ca | re setting |
| Manuscript | number (if known): |

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| 2 | Grants or contracts from | X None | 30 months |
| | any entity (if not indicated in item #1 above). | NONE | |
| 3 | Royalties or licenses | XNone | |
| 4 | Consulting fees | XNone | |

| 5 | Payment or honoraria for lectures, presentations, | X None | |
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| | speakers bureaus, | | |
| | manuscript writing or educational events | | |
| 6 | Payment for expert | X None | |
| | testimony | None | |
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| 7 | Support for attending | X None | |
| | meetings and/or travel | | |
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| 8 | Patents planned, issued or | X None | |
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| 9 | Participation on a Data | _ X None | |
| | Safety Monitoring Board or | | |
| _ | Advisory Board | | |
| 10 | Leadership or fiduciary role | X None | |
| | in other board, society, committee or advocacy | | |
| | group, paid or unpaid | | |
| 11 | Stock or stock options | X None | |
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| 12 | Receipt of equipment, | X None | |
| | materials, drugs, medical | | |
| | writing, gifts or other | | |
| 13 | services Other financial or non- | V Nove | |
| 13 | financial interests | X None | |
| | Threston interests | | |
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| Plea | ase summarize the above co | onflict of interest in the foll | owing box: |
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| Date: | 22/10/2022_ | |
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| Your Nam | ne:Ng Lo Wa | |
| Manuscri | pt Title:Use of | high flow nasal cannula oxygen therapy for patients infected with SARS-CoV-2 outside |
| intensive | care setting | |
| Manuscri | pt number (if kn | own): |

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| | | 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. | XNone Time frame: past | 26 months |
| 2 | Grants or contracts from | | 30 months |
| | any entity (if not indicated in item #1 above). | XNone | |
| 3 | Royalties or licenses | XNone | |
| 4 | Consulting fees | XNone | |

| 5 | Payment or honoraria for lectures, presentations, | X None | |
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| | | | |
| | speakers bureaus, | | |
| | manuscript writing or educational events | | |
| 6 | Payment for expert | X None | |
| | testimony | None | |
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| 7 | Support for attending | X None | |
| | meetings and/or travel | | |
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| 8 | Patents planned, issued or | X None | |
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| 9 | Participation on a Data | _ X None | |
| | Safety Monitoring Board or | | |
| _ | Advisory Board | | |
| 10 | Leadership or fiduciary role | X None | |
| | in other board, society, committee or advocacy | | |
| | group, paid or unpaid | | |
| 11 | Stock or stock options | X None | |
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| 12 | Receipt of equipment, | X None | |
| | materials, drugs, medical | | |
| | writing, gifts or other | | |
| 13 | services Other financial or non- | V Nove | |
| 13 | financial interests | X None | |
| | Threston interests | | |
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| Plea | ase summarize the above co | onflict of interest in the foll | owing box: |
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| Date: | _22/10/2022 |
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| Your Name | ::Wong Oi Fung |
| Manuscript | t Title:Use of high flow nasal cannula oxygen therapy for patients infected with SARS-CoV-2 outside |
| intensive c | are setting |
| Manuscript | t number (if known): |

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| | | Time frame: past | 36 months |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | XNone | |
| 3 | Royalties or licenses | XNone | |
| 4 | Consulting fees | XNone | |

| 5 | Payment or honoraria for lectures, presentations, | X None | |
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| | speakers bureaus, | | |
| | manuscript writing or educational events | | |
| 6 | Payment for expert | X None | |
| | testimony | None | |
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| 8 | Patents planned, issued or | X None | |
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| 9 | Participation on a Data | _ X None | |
| | Safety Monitoring Board or | | |
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| 10 | Leadership or fiduciary role | X None | |
| | in other board, society, committee or advocacy | | |
| | group, paid or unpaid | | |
| 11 | Stock or stock options | X None | |
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| 13 | services Other financial or non- | V Nove | |
| 13 | financial interests | X None | |
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| Date: | _22/10/2022 |
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| Your Name: | Yeung Yiu Cheong |
| Manuscript | Title:Use of high flow nasal cannula oxygen therapy for patients infected with SARS-CoV-2 outside |
| intensive ca | re setting |
| Manuscript | number (if known): |

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| | testimony | None | |
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| 7 | Support for attending | X None | |
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| 8 | Patents planned, issued or | X None | |
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| | Safety Monitoring Board or | | |
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| 10 | Leadership or fiduciary role | X None | |
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| | group, paid or unpaid | | |
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| 12 | Receipt of equipment, | X None | |
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| Date: | _22/10/2022 |
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| Your Name: | Tsang Tak Ying |
| Manuscript | Title:Use of high flow nasal cannula oxygen therapy for patients infected with SARS-CoV-2 outside |
| intensive ca | re setting |
| Manuscript | number (if known): |

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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. | XNone Time frame: past | 26 months |
| 2 | Grants or contracts from | | 30 months |
| | any entity (if not indicated in item #1 above). | XNone | |
| 3 | Royalties or licenses | XNone | |
| 4 | Consulting fees | XNone | |

| 5 | Payment or honoraria for | X None | |
|------|--|---------------------------------|------------|
| | lectures, presentations, | | |
| | speakers bureaus, | | |
| | manuscript writing or educational events | | |
| 6 | Payment for expert | X None | |
| | testimony | None | |
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| 7 | Support for attending | X None | |
| | meetings and/or travel | | |
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| 8 | Patents planned, issued or | X None | |
| | pending | | |
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| 9 | Participation on a Data | _ X None | |
| | Safety Monitoring Board or | | |
| _ | Advisory Board | | |
| 10 | Leadership or fiduciary role | X None | |
| | in other board, society, committee or advocacy | | |
| | group, paid or unpaid | | |
| 11 | Stock or stock options | X None | |
| | · | | |
| | | | |
| 12 | Receipt of equipment, | X None | |
| | materials, drugs, medical | | |
| | writing, gifts or other | | |
| 13 | services Other financial or non- | V Nove | |
| 13 | financial interests | X None | |
| | Threston interests | | |
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| Plea | ase summarize the above co | onflict of interest in the foll | owing box: |
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| Date: | _22/10/2022 |
|--------------|---|
| Your Name: | Chan Ngai Yin |
| Manuscript | Title:Use of high flow nasal cannula oxygen therapy for patients infected with SARS-CoV-2 outside |
| intensive ca | re setting |
| 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 <u>current manuscript only</u>.

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

| | | 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) |
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| | | 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. | XNone Time frame: past | 36 months |
| 2 | Grants or contracts from | X None | 30 months |
| | any entity (if not indicated in item #1 above). | NONE | |
| 3 | Royalties or licenses | XNone | |
| 4 | Consulting fees | XNone | |

| 5 | Payment or honoraria for | X None | |
|------|--|---------------------------------|------------|
| | lectures, presentations, | | |
| | speakers bureaus, | | |
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| | testimony | None | |
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| 7 | Support for attending | X None | |
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| 8 | Patents planned, issued or | X None | |
| | pending | | |
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| 9 | Participation on a Data | _ X None | |
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| | in other board, society, committee or advocacy | | |
| | group, paid or unpaid | | |
| 11 | Stock or stock options | X None | |
| | · | | |
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| 12 | Receipt of equipment, | X None | |
| | materials, drugs, medical | | |
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| 13 | services Other financial or non- | V Nove | |
| 13 | financial interests | X None | |
| | Threston interests | | |
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| Plea | ase summarize the above co | onflict of interest in the foll | owing box: |
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| Date: | _22/10/2022 |
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| Your Name: | Law Chun Bon |
| Manuscript | Title:Use of high flow nasal cannula oxygen therapy for patients infected with SARS-CoV-2 outside |
| intensive ca | re setting |
| 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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| | | 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) | | | |
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| | 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. | XNone Time frame: past | 26 months | | | |
| 2 | Grants or contracts from | | 30 months | | | |
| | any entity (if not indicated in item #1 above). | XNone | | | | |
| 3 | Royalties or licenses | XNone | | | | |
| 4 | Consulting fees | XNone | | | | |

| 5 | Payment or honoraria for lectures, presentations, | X None | | | |
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| | speakers bureaus, | | | | |
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| 10 | Leadership or fiduciary role | X None | | | |
| | in other board, society, | | | | |
| | committee or advocacy | | | | |
| 11 | group, paid or unpaid | V N | | | |
| 11 | Stock or stock options | X None | | | |
| | | | | | |
| 12 | Receipt of equipment, | X None | | | |
| | materials, drugs, medical | | | | |
| | writing, gifts or other | | | | |
| | services | | | | |
| 13 | Other financial or non- | _ X None | | | |
| | financial interests | | | | |
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| I certify that I have answered every question and have not altered the wording of any of the questions on this form. |
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