Date: 27 June 2023
Your Name: Zhiping Xu
Manuscript Title: Effect of high-flow nasal cannula oxygen therapy in combination with non-invasive ventilation on
critically ill patients with acute respiratory failure: a retrospective study
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)  Time frame: Since the initial	Specifications/Comments (e.g., if payments were made to you or to your institution)
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_None	
		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, speakers bureaus, manuscript writing or educational events  Payment for expert testimony	XNone	
7	Support for attending meetings and/or travel	XNone	
8	Patents planned, issued or pending	XNone	
9	Participation on a Data Safety Monitoring Board or Advisory Board	XNone	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	XNone	
11	Stock or stock options	XNone	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	XNone	
13	Other financial or non-financial interests	XNone	

None.		

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

Date: 27 June 2023 Your Name: Lingxia Zhu

Manuscrip Title: Effect of high-flow nasal cannula oxygen therapy in combination with non-invasive ventilation

on critically ill patients with acute respiratory failure: a retrospective study

Manuscript number (if known):\_\_\_\_\_

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		Name all entities with whom you have this relationship or indicate none (add rows as needed)  Time frame: Since the initial	(e.g., if payments were made to you or to your institution)
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.	I	
		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	5 Payment or honoraria for lectures, presentations,	XNone	
	speakers bureaus,		
	manuscript writing or		
_	educational events		
6	Payment for expert	XNone	
	testimony		
_			
7	Support for attending meetings and/or travel	XNone	
	-		
8	Patents planned, issued or	XNone	
	pending		
9	Participation on a Data	XNone	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	XNone	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	XNone	
12	Receipt of equipment,	XNone	
	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or	XNone	
	non-financial interests		

None.		

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

Date: 27 June 2023
Your Name: Jingye Zhan

Manuscript Title: Effect of high-flow nasal cannula oxygen therapy in combination with non-invasive ventilation on

critically ill patients with acute respiratory failure: a retrospective study

Manuscript number (if known):

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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)
		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 3	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	XNone
	lectures, presentations,	
	speakers bureaus,	
	manuscript writing or	
	educational events	
6	Payment for expert	XNone
	testimony	
7	Support for attending meetings and/or travel	XNone
8	Patents planned, issued or	XNone
	pending	
9	Participation on a Data	XNone
	Safety Monitoring Board or	
	Advisory Board	
10	Leadership or fiduciary role	XNone
	in other board, society,	
	committee or advocacy	
	group, paid or unpaid	
11	Stock or stock options	XNone
12	Receipt of equipment,	XNone
	materials, drugs, medical	
	writing, gifts or other services	
13	Other financial or	XNone
	non-financial interests	

None.			

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

Date: 27 June 2023	
Your Name: Hui Feng	

Manuscript Title: Effect of high-flow nasal cannula oxygen therapy in combination with non-invasive ventilation on

critically ill patients with acute respiratory failure: a retrospective study

Manuscript number (if known):

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		<u> </u>
		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.	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	XNone
	lectures, presentations,	
	speakers bureaus,	
	manuscript writing or	
	educational events	
6	Payment for expert	XNone
	testimony	
7	Support for attending meetings and/or travel	XNone
8	Patents planned, issued or	XNone
	pending	
9	Participation on a Data	XNone
	Safety Monitoring Board or	
	Advisory Board	
10	Leadership or fiduciary role	XNone
	in other board, society,	
	committee or advocacy	
	group, paid or unpaid	
11	Stock or stock options	XNone
12	Receipt of equipment,	XNone
	materials, drugs, medical	
	writing, gifts or other services	
13	Other financial or	XNone
	non-financial interests	

None.			

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

Date: 14 July 2023
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Your Name: Deana Cristian

Manuscript Title: Effect of high-flow nasal cannula oxygen therapy in combination with non-invasive ventilation on

critically ill patients with acute respiratory failure: a retrospective study

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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		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	XNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	XNone	
	testimony		
7	Support for attending meetings and/or travel	XNone	
8	Patents planned, issued or	XNone	
	pending		
9	Participation on a Data	XNone	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	XNone	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	XNone	
12	Receipt of equipment,	XNone	
	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or non-	XNone	
	financial interests		

None.		

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

Date: 27 June 2023	Date:	27	June	2023
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Your Name: Luigi Vetrugno

Manuscript Title: Effect of high-flow nasal cannula oxygen therapy in combination with non-invasive ventilation on

critically ill patients with acute respiratory failure: a retrospective study

Manuscript number (if known):

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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.	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 lectures, presentations,	XNone	
	speakers bureaus, manuscript writing or educational events		
6	Payment for expert testimony	X_None	
7	Support for attending meetings and/or travel	XNone	
8	Patents planned, issued or	XNone	
	pending		
9	Participation on a Data	XNone	
	Safety Monitoring Board or		
10	Advisory Board  Leadership or fiduciary role	X None	
10	in other board, society,		
	committee or advocacy group, paid or unpaid		
11	Stock or stock options	XNone	
12	Receipt of equipment,	XNone	
	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or non-	XNone	
	financial interests		

None.			

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

Date	: 27	Jun	e	202	23
Your	Nar	ne:	Lij	un	Liu

Manuscript Title: Effect of high-flow nasal cannula oxygen therapy in combination with non-invasive ventilation on

critically ill patients with acute respiratory failure: a retrospective study

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

5	Payment or honoraria for lectures, presentations,	XNone
	speakers bureaus,	
	manuscript writing or	
	educational events	
6	Payment for expert	XNone
	testimony	
7	Support for attending meetings and/or travel	XNone
8	Patents planned, issued or	XNone
	pending	
9	Participation on a Data Safety Monitoring Board or	XNone
	Advisory Board	
10	Leadership or fiduciary role in other board, society, committee or advocacy	XNone
	group, paid or unpaid	
11	Stock or stock options	XNone
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	XNone
13	Other financial or	XNone
	non-financial interests	
		·

None.			

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

Date	: 27	June	202	23
Your	Naı	me: Jı	uan	Lu

Manuscript Title: Effect of high-flow nasal cannula oxygen therapy in combination with non-invasive ventilation on

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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 lectures, presentations,	XNone
	speakers bureaus,	
	manuscript writing or	
	educational events	
6	Payment for expert	XNone
	testimony	
7	Support for attending meetings and/or travel	XNone
8	Patents planned, issued or	XNone
	pending	
9	Participation on a Data Safety Monitoring Board or	XNone
	Advisory Board	
10	Leadership or fiduciary role in other board, society, committee or advocacy	XNone
	group, paid or unpaid	
11	Stock or stock options	XNone
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	XNone
13	Other financial or	XNone
	non-financial interests	
		·

None.			

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