

ICMJE DISCLOSURE FORM

Date: November 16, 2023 _____

Your Name: Anyi Xu _____

Manuscript Title: Extracorporeal membrane oxygenation (ECMO)-assisted surgery for traumatic bronchial rupture: three case reports

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 current manuscript only.

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

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)
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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.	<input checked="" type="checkbox"/> None	
Time frame: past 36 months			
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3	Royalties or licenses	<input checked="" type="checkbox"/> None	
4	Consulting fees	<input checked="" type="checkbox"/> None	

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10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	
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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	

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

None to declare

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: November 16, 2023 _____

Your Name: Sikai Wu _____

Manuscript Title: Extracorporeal membrane oxygenation (ECMO)-assisted surgery for traumatic bronchial rupture: three case reports

Manuscript number (if known): _____

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ICMJE DISCLOSURE FORM

Date: November 16, 2023 _____

Your Name: Minghui Yang _____

Manuscript Title: Extracorporeal membrane oxygenation (ECMO)-assisted surgery for traumatic bronchial rupture: three case reports

Manuscript number (if known): _____

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ICMJE DISCLOSURE FORM

Date: November 16, 2023 _____

Your Name: Yicheng Qian _____

Manuscript Title: Extracorporeal membrane oxygenation (ECMO)-assisted surgery for traumatic bronchial rupture: three case reports

Manuscript number (if known): _____

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ICMJE DISCLOSURE FORM

Date: November 16, 2023 _____

Your Name: Hua Sun _____

Manuscript Title: Extracorporeal membrane oxygenation (ECMO)-assisted surgery for traumatic bronchial rupture: three case reports

Manuscript number (if known): _____

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ICMJE DISCLOSURE FORM

Date: November 16, 2023 _____
Your Name: Pasan Witharana _____
Manuscript Title: Extracorporeal membrane oxygenation (ECMO)-assisted surgery for traumatic bronchial rupture: three case reports
Manuscript number (if known): _____

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None to declare

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ICMJE DISCLOSURE FORM

Date: October 23, 2023 _____

Your Name: Alexander Kaserer _____

Manuscript Title: Extracorporeal membrane oxygenation (ECMO)-assisted surgery for traumatic bronchial rupture: three case reports

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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5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> None Bayer AG (Switzerland) CSL Behring GmbH (Switzerland)	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
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13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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

Dr. Kaserer has received support from Bayer AG (Switzerland) and CSL Behring GmbH (Switzerland) for lecturing.

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: 23/10/2023 _____

Your Name: Davorin Sef _____

Manuscript Title: Extracorporeal membrane oxygenation-assisted surgery for traumatic bronchial rupture: Case series

Manuscript number (if known): iMDT-052

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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ICMJE DISCLOSURE FORM

Date: November 16, 2023 _____

Your Name: Jianfei Shen _____

Manuscript Title: Extracorporeal membrane oxygenation (ECMO)-assisted surgery for traumatic bronchial rupture: three case reports

Manuscript number (if known): _____

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Date: November 16, 2023 _____

Your Name: Dehua Ma _____

Manuscript Title: Extracorporeal membrane oxygenation (ECMO)-assisted surgery for traumatic bronchial rupture: three case reports

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