

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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4. Intellectual Property.

This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Runqiao

2. Surname (Last Name)
Fu

3. Date
28-April-2020

4. Are you the corresponding author? Yes No

5. Manuscript Title
Effects of continuous endotracheal-laryngopharynx topical anesthesia on the general anesthetic requirements during surgery

6. Manuscript Identifying Number (if you know it)
TCR-20-169

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Dr. Fu has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)

Lihong

2. Surname (Last Name)

Wang

3. Date

28-April-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Runqiao Fu

5. Manuscript Title

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Section 1. Identifying Information

1. Given Name (First Name)
Xiaofeng

2. Surname (Last Name)
Peng

3. Date
28-April-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Runqiao Fu

5. Manuscript Title
Effects of continuous endotracheal-laryngopharynx topical anesthesia on the general anesthetic requirements during surgery

6. Manuscript Identifying Number (if you know it)
TCR-20-169

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1. Given Name (First Name)
Wangyan

2. Surname (Last Name)
Yang

3. Date
28-April-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Runqiao Fu

5. Manuscript Title
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1. Given Name (First Name) Mianrong	2. Surname (Last Name) Xue	3. Date 28-April-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Runqiao Fu
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1. Given Name (First Name)
Li

2. Surname (Last Name)
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3. Date
28-April-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Runqiao Fu

5. Manuscript Title
Effects of continuous endotracheal-laryngopharynx topical anesthesia on the general anesthetic requirements during surgery

6. Manuscript Identifying Number (if you know it)
TCR-20-169

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Did you or your institution **at any time** receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

Are there any relevant conflicts of interest? Yes No

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