Date:December 8, 2021
Your Name:Lucy T. Li
Manuscript Title: Airway management and anesthesia for airway surgery: a narrative review
Manuscript number (if known): TLCR-21-917

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5	Payment or honoraria for	_XNone		
	lectures, presentations,			
	speakers bureaus,			
	manuscript writing or educational events			
6	Payment for expert	X None		
U	testimony	XNone		
	testimony			
7	Support for attending	XNone		
	meetings and/or travel			
8	Patents planned, issued or	X None		
	pending			
9	Participation on a Data	_XNone		
	Safety Monitoring Board or			
4.0	Advisory Board			
10	Leadership or fiduciary role	XNone		
	in other board, society, committee or advocacy			
	group, paid or unpaid			
11	Stock or stock options	X None		
	·			
12	Receipt of equipment,	XNone		
	materials, drugs, medical			
	writing, gifts or other			
13	services Other financial or non-	X None		
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Date:	12/8/2021	
Your Name:Ho	ovig V. Chitilian	
Manuscript TitleTitle: Airway ma	anagement and anesthesia for airway surgery: a narrative	
review		
Manuscript number (if known):	Manuscript ID: TLCR-21-917	

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3	Royalties or licenses	X_None	
4	Consulting fees	_ X _None	

5	Payment or honoraria for	X _None	
	lectures, presentations, speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert testimony	XNone	
7	Support for attending meetings and/or travel	_ X _None	
8	Patents planned, issued or pending	X _None	
	pending		
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9	Participation on a Data Safety Monitoring Board or	_ X _None	
	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, materials, drugs, medical	_ X _None	
	writing, gifts or other		
	services		
13	Other financial or non- financial interests	X _None	
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Date	e:12/8/20				
	Your Name:Paul H Alfille				
	nuscript Title: Airway mar nuscript number (if known):	_	esia for airway surgery: a narrative review		
rela part to ti	ted to the content of your nies whose interests may be	nanuscript. "Related" mea affected by the content of ecessarily indicate a bias.	relationships/activities/interests listed below that are ns any relation with for-profit or not-for-profit third f the manuscript. Disclosure represents a commitment If you are in doubt about whether to list a so.		
	following questions apply touscript only.	o the author's relationship	os/activities/interests as they relate to the <u>current</u>		
to tl		nsion, you should declare	defined broadly. For example, if your manuscript pertains all relationships with manufacturers of antihypertensive he manuscript.		
	em #1 below, report all sup time frame for disclosure is	·	d in this manuscript without time limit. For all other items,		
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		whom you have this	(e.g., if payments were made to you or to your		
		relationship or indicate	institution)		
		none (add rows as			
		needed)			
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1	All support for the present manuscript (e.g., funding,	XNone			
	provision of study materials,				
	medical writing, article processing charges, etc.)				
	No time limit for this item.				
		Time frame: pas	t 36 months		
2	Grants or contracts from	X None			
	any entity (if not indicated				
	in item #1 above).				
3	Royalties or licenses	XNone			

_X__None

Consulting fees

5	Payment or honoraria for lectures, presentations,	XNone			
	speakers bureaus, manuscript writing or educational events				
6	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	X None			
	Safety Monitoring Board or				
10	Advisory Board Leadership or fiduciary role	X_None			
	in other board, society, committee or advocacy group, paid or unpaid				
11	Stock or stock options	XNone			
12	Receipt of equipment, materials, drugs, medical	XNone			
	writing, gifts or other services				
13	Other financial or non- financial interests	XNone			
Plea	Please summarize the above conflict of interest in the following box:				
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Date:12/08/2021
Your Name:Xiaodong Bao
Manuscript Title:_Airway management and anesthesia for airway surgery: a narrative review
Manuscript number (if known): TLCR-21-917

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

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

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