

ICMJJE DISCLOSURE FORM

Date: 23rd. 04. 2022 _____

Your Name: Yanran Zhou _____

Manuscript Title: The strategy of non-intubated spontaneous ventilation anesthesia for upper tracheal surgery: a retrospective case series 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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Please summarize the above conflict of interest in the following box:

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

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ICMJJE DISCLOSURE FORM

Date: 23rd. 04. 2022 _____

Your Name: Hengrui Liang _____

Manuscript Title: The strategy of non-intubated spontaneous ventilation anesthesia for upper tracheal surgery: a retrospective case series study _____

Manuscript number (if known): _____

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ICMJJE DISCLOSURE FORM

Date: 22nd. 04. 2022 _____

Your Name: Ke Xu _____

Manuscript Title: The strategy of non-intubated spontaneous ventilation anesthesia for upper tracheal surgery: a retrospective case series study _____

Manuscript number (if known): _____

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ICMJJE DISCLOSURE FORM

Date: 23rd. 04. 2022 _____

Your Name: Chao Yang _____

Manuscript Title: _ The strategy of non-intubated spontaneous ventilation anesthesia for upper tracheal surgery: a retrospective case series study _____

Manuscript number (if known): _____

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ICMJJE DISCLOSURE FORM

Date: 23rd. 04. 2022 _____

Your Name: Lixia Liang _____

Manuscript Title: The strategy of non-intubated spontaneous ventilation anesthesia for upper tracheal surgery: a retrospective case series study _____

Manuscript number (if known): _____

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ICMJE DISCLOSURE FORM

Date: 23rd. 04. 2022 _____

Your Name: Qinglong Dong _____

Manuscript Title: _ The strategy of non-intubated spontaneous ventilation anesthesia for upper tracheal surgery: a retrospective case series study _____

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Date: 23rd. 04. 2022 _____

Your Name: Hanyu Yang _____

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Date: 23rd. 04. 2022 _____

Your Name: Hui Liu _____

Manuscript Title: The strategy of non-intubated spontaneous ventilation anesthesia for upper tracheal surgery: a retrospective case series study _____

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Date: 22nd. 04. 2022 _____

Your Name: Yinfen Li _____

Manuscript Title: The strategy of non-intubated spontaneous ventilation anesthesia for upper tracheal surgery: a retrospective case series study _____

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ICMJJE DISCLOSURE FORM

Date: 04/06/22
 Your Name: Setu Patolia
 Manuscript Title: The strategy of non-intubated spontaneous ventilation anesthesia for upper tracheal surgery: a retrospective case series study
 Manuscript number (if known): _____

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ICMJE DISCLOSURE FORM

Date: 3. 31st. 2022

Your Name: Jinwook Hwang

Manuscript Title: The strategy of non-intubated spontaneous ventilation anesthesia for upper tracheal surgery: a retrospective case series study

Manuscript number (if known): TLCR-22-302

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

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

<p>I declare the none of conflict of interest.</p>
--

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.

ICMJJE DISCLOSURE FORM

Date: 30th. 03. 2022 _____

Your Name: Patrick Zardo _____

Manuscript Title: _ The strategy of non-intubated spontaneous ventilation anesthesia for upper tracheal surgery: a retrospective case series 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.

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)
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.	<input checked="" type="checkbox"/> None	
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<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:

None.

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.

ICMJJE DISCLOSURE FORM

Date: 23rd. 04. 2022 _____

Your Name: Shuben Li _____

Manuscript Title: _ The strategy of non-intubated spontaneous ventilation anesthesia for upper tracheal surgery: a retrospective case series 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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None.

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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.

ICMJE DISCLOSURE FORM

Date: 23rd. 04. 2022 _____

Your Name: Jianxing He _____

Manuscript Title: _ The strategy of non-intubated spontaneous ventilation anesthesia for upper tracheal surgery: a retrospective case series 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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ICMJJE DISCLOSURE FORM

Date: 23rd. 04. 2022 _____

Your Name: Jun Liu _____

Manuscript Title: The strategy of non-intubated spontaneous ventilation anesthesia for upper tracheal surgery: a retrospective case series study _____

Manuscript number (if known): _____

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