

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

ARUN

2. Surname (Last Name)

BEEMAN

3. Date

11-February-2021

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

NAGARAJAN MUTHIALU

5. Manuscript Title

Airway Surgery in Children under extracorporeal circulatory support

6. Manuscript Identifying Number (if you know it)

CCTS-2020-MEC-13(CCTS-21-9)

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Dr. BEEMAN has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) MADHAVAN	2. Surname (Last Name) RAMASWAMY	3. Date 11-February-2021
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name NAGARAJAN MUTHIALU
5. Manuscript Title Airway Surgery in Children under extracorporeal circulatory support		
6. Manuscript Identifying Number (if you know it) CCTS-2020-MEC-13(CCTS-21-9)		

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Dr. RAMASWAMY has nothing to disclose.

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1. Given Name (First Name)

ALEX

2. Surname (Last Name)

ROBERTSON

3. Date

11-February-2021

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

NAGARAJAN MUTHIALU

5. Manuscript Title

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1. Given Name (First Name) JAMES	2. Surname (Last Name) IP	3. Date 11-February-2021
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name NAGARAJAN MUTHIALU
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MUTHIALU

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