

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)
Matthew M.

2. Surname (Last Name)
Kwok

3. Date
26-January-2018

4. Are you the corresponding author? Yes No

5. Manuscript Title
Clinico-radiological predictors of positive rigid bronchoscopy findings in children with suspected tracheobronchial foreign body aspiration

6. Manuscript Identifying Number (if you know it)

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Dr. Kwok has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
Aaron

2. Surname (Last Name)
Wong

3. Date
26-January-2018

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Matthew M. Kwok

5. Manuscript Title
Clinico-radiological predictors of positive rigid bronchoscopy findings in children with suspected tracheobronchial foreign body aspiration

6. Manuscript Identifying Number (if you know it)

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Dr. Wong has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Paul	2. Surname (Last Name) Paddle	3. Date 26-January-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Matthew M. Kwok
5. Manuscript Title Clinico-radiological predictors of positive rigid bronchoscopy findings in children with suspected tracheobronchial foreign body aspiration		
6. Manuscript Identifying Number (if you know it)		

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1. Given Name (First Name)
Stacy

2. Surname (Last Name)
Goergen

3. Date
26-January-2018

4. Are you the corresponding author? Yes No

Corresponding Author's Name
Matthew M. Kwok

5. Manuscript Title
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1. Given Name (First Name)

Joanne

2. Surname (Last Name)

Rimmer

3. Date

26-January-2018

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Yes No

Corresponding Author's Name

Matthew M. Kwok

5. Manuscript Title

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