

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)
Lucy

2. Surname (Last Name)
Huang

3. Date
01-May-2019

4. Are you the corresponding author? Yes No

5. Manuscript Title
The use of transnasal humidified rapid insufflation ventilatory exchange in laryngeal and pharyngeal surgery: Flinders case series

6. Manuscript Identifying Number (if you know it)

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Dr. Huang has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
Theodore

2. Surname (Last Name)
Athanasiadis

3. Date
01-May-2019

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Lucy Huang

5. Manuscript Title
The use of transnasal humidified rapid insufflation ventilatory
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Dr. Athanasiadis has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
Charmaine

2. Surname (Last Name)
Woods

3. Date
01-May-2019

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Lucy Huang

5. Manuscript Title
The use of transnasal humidified rapid insufflation ventilatory
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Nuwan

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Dharmawardana

3. Date

01-May-2019

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Corresponding Author's Name

Lucy Huang

5. Manuscript Title

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Eng Hooi

2. Surname (Last Name)
Ooi

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01-May-2019

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Yes No

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