Date: 18/03/2021 ____

Your Name: Alessandra Locatelli Smith

Manuscript Title: Partial Laryngeal atresia in patients with 22q11 deletion syndrome: findings and surgical outcomes Manuscript number (if known): AJO 20-81_

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		Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initial	Specifications/Comments (e.g., if payments were made to you or to your institution)
1	All support for the present	x None	planning of the work
1	manuscript (e.g., funding,		
	provision of study materials,		
	medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
2		Time frame: past	36 months
2	Grants or contracts from	xNone	
	any entity (if not indicated in item #1 above).		
3	Royalties or licenses	x None	
5	hoyantes of heenses		
4	Consulting fees	xNone	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	xNone
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 Safety Monitoring Board or Advisory Board	xNone
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	xNone
11	Stock or stock options	_ xNone
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	xNone
13	Other financial or non- financial interests	xNone

Nil

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

__x I certify that I have answered every question and have not altered the wording of any of the questions on this form.

Date:_____May, 2nd 2021_____ Your Name:____Hayley Herbert___ Manuscript Title:______ Partial laryngeal atresia in patients with 22q11 deletion syndrome: findings and surgical outcomes

Manuscript number (if known):____AJO 20-81

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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.	XNone	
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	XNone	
3	Royalties or licenses	XNone	

4	Consulting fees	XNone
5	Payment or honoraria for	XNone
	lectures, presentations, speakers bureaus,	
	manuscript writing or	
	educational events	
6	Payment for expert	X_None
	testimony	
7	Support for attending meetings and/or travel	X_None
8	Patents planned, issued or	X_None
	pending	
9	Participation on a Data	XNone
	Safety Monitoring Board or	
	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,	X_None
	materials, drugs, medical	
	writing, gifts or other	
	services	
13	Other financial or non-	X_None
	financial interests	

None.

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Date: <u>27</u> April 2021 Your Name: <u>DR</u>, TRINA UWIERA Manuscript Title: <u>Partial laryngeal atresia in patients with 22011</u> Manuscript number (if known): <u>deletion syndrome</u> 's findings and A TD - 2D - 81 <u>A TD - 2D - 81</u> <u>Manuscript interests listed below that are</u>

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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		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 initia	al 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.	XNone	
		Time frame: pas	t 36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	XNone	
3	Royalties or licenses	<u>X</u> None	
4	Consulting fees	XNone	
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5	Payment or honoraria for	XNone
	lectures, presentations,	
	speakers bureaus,	
	manuscript writing or	이 사람들은 그는 것은 것은 것은 것을 하는 것을 하는 것을 하는 것을 가지 않는 것을 하는 것을 수가 있다. 것을 하는 것을 하는 것을 하는 것을 하는 것을 수가 있는 것을 수가 있는 것을 수가 있는 것을 하는 것을 하는 것을 수가 있다. 것을 수가 있는 것을 수가 있다. 것을 수가 있는 것을 수가 있다. 것을 수가 있는 것을 수가 있다. 것을 수가 있는 것을 수가 있다. 것을 수가 있는 것을 수가 있다. 것을 수가 있는 것을 수가 있다. 것을 수가 있는 것을 수가 있다. 것을 것을 수가 있는 것을 수가 있다. 것을 수가 있는 것을 수가 있다. 것을 수가 있는 것을 수가 않았다. 것을 것 같이 같이 않는 것을 수가 있는 것을 수가 같이 않았다. 것을 것 같이 것 같이 않았다. 것 같이 것 같이 같이 않았다. 것 같이 같이 같이 같이 같이 같이 같이 않았다. 것 같이 것 같이 않았다. 것 같이 것 같이 같이 않았다. 것 같이 것 같이 같이 않았다. 것 같이 않았다. 않았는 것 같이 않았다. 것 같이 같이 않았다. 것 같이 것 같이 않 것 같이 것 같이 않았다. 것 같이 것 같이 같이 않았다. 것 같이 것 것 같이 않았다. 것 같이 것 같이 않았다. 것 같이 같이 않았다. 것 같이 것 같이 않았다. 않았는 것 같이 않았다. 않았다. 않았는 것 같이 않았다. 않았는 것 같이 않았다. 않았는 것 같이 않았다. 않았다. 않았다. 것 같이 않았다. 않 않 않았다. 않 않았다. 않았다. 않 않았다. 않았다. 않
	educational events	
6	Payment for expert testimony	XNone
7	Support for attending	
	meetings and/or travel	<u>X_None</u>
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8	Patents planned, issued or pending	X_None
9	Participation on a Data	X None
	Safety Monitoring Board or	
	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
		<u> </u>
12	Receipt of equipment,	
12	materials, drugs, medical	X_None
	writing, gifts or other	
	services	
13	Other financial or non-	X None
	financial interests	
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None.

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T. J. WVERA

Date:____27th April 2021 Your Name:___Shyan Vijayasekaran Manuscript Title:____ Partial laryngeal atresia in patients with 22q11 deletion syndrome: findings and surgical outcomes

Manuscript number (if known):_____

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3	Royalties or licenses	None	

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

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