

ICMJE DISCLOSURE FORM

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_

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) |
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| 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. | __ x __ None | |
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| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | __ x __ None | |
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| 6 | Payment for expert testimony | <input checked="" type="checkbox"/> None | |
| 7 | Support for attending meetings and/or travel | <input checked="" type="checkbox"/> None | |
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| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | <input checked="" type="checkbox"/> None | |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | <input checked="" type="checkbox"/> None | |
| 11 | Stock or stock options | <input checked="" type="checkbox"/> None | |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | <input checked="" type="checkbox"/> None | |
| 13 | Other financial or non-financial interests | <input checked="" type="checkbox"/> None | |

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

Nil

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.

ICMJE DISCLOSURE 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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ICMJE DISCLOSURE FORM

Date: 27 April 2021

Your Name: DR. TRINA UWIERA

Manuscript Title: Partial laryngeal atresia in patients with 22q11

Manuscript number (if known): —

AJO-20-81

deletion syndrome: findings and surgical outcomes

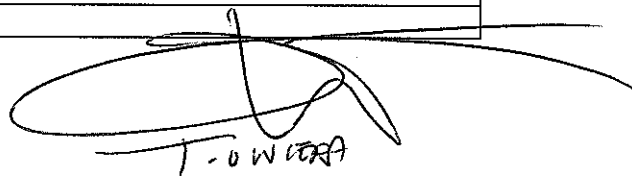
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T. UWIERA

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T. J. WIERA

ICMJE DISCLOSURE FORM

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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