

## ICMJE DISCLOSURE FORM

Date: 02/12/22

Your Name: Timothy Tynan

Manuscript Title: Paediatric airway management and simulation training: The Australian Otolaryngology trainee experience

Manuscript number (if known): \_\_\_\_\_

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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| <b>Time frame: Since the initial planning of the work</b> |  |  |   |
| 1   | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)<br><b>No time limit for this item.</b> | ___ None   |   |
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| <b>Time frame: past 36 months</b>                         |  |  |   |
| 2   | Grants or contracts from any entity (if not indicated in item #1 above).   | ___ None   |   |
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| 3   | Royalties or licenses  | ___ None   |   |
|   |  |  |   |
| 4   | Consulting fees  | ___ None   |   |
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| 6  | Payment for expert testimony   | <input type="checkbox"/> None |  |
| 7  | Support for attending meetings and/or travel   | <input type="checkbox"/> None |  |
| 8  | Patents planned, issued or pending   | <input type="checkbox"/> None |  |
| 9  | Participation on a Data Safety Monitoring Board or Advisory Board  | <input type="checkbox"/> None |  |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid            | <input type="checkbox"/> None |  |
| 11 | Stock or stock options   | <input type="checkbox"/> None |  |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services                             | <input type="checkbox"/> None |  |
| 13 | Other financial or non-financial interests   | <input type="checkbox"/> None |  |

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

The authors have no conflicts of interest in the research or any product named herein.

**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.

## ICMJE DISCLOSURE FORM

Date: 02/12/22

Your Name: Gareth Lloyd

Manuscript Title: Paediatric airway management and simulation training: The Australian Otolaryngology trainee experience

Manuscript number (if known): \_\_\_\_\_

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|   |  |  |   |
| 3   | Royalties or licenses  | ___ None   |   |
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| 4   | Consulting fees  | ___ None   |   |
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| 5   |  | ___ None   |   |

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| 6  | Payment for expert testimony   | ___ None |  |
| 7  | Support for attending meetings and/or travel   | ___ None |  |
| 8  | Patents planned, issued or pending   | ___ None |  |
| 9  | Participation on a Data Safety Monitoring Board or Advisory Board  | ___ None |  |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid            | ___ None |  |
| 11 | Stock or stock options   | ___ None |  |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services                             | ___ None |  |
| 13 | Other financial or non-financial interests   | ___ None |  |

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## ICMJE DISCLOSURE FORM

Date: 02/12/22

Your Name: Hannah Burns

Manuscript Title: Paediatric airway management and simulation training: The Australian Otolaryngology trainee experience

Manuscript number (if known): \_\_\_\_\_

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| 1   | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)<br><b>No time limit for this item.</b> | Storz medical  | Provide equipment for Brisbane paediatric airway course                             |
|   |  | Odyssey finance  | Sponsor Brisbane paediatric airway course - catering                                |
|   |  | Olympus medical  | Provide equipment for Brisbane paediatric airway course                             |
|   |  | Ambu Medical   | Provide equipment and catering  |
|   |  | Vorotex medical  | Provide equipment for Brisbane Paediatric airway course                             |
|   |  | Smith medical  | Provide financial sponsorship for airway course -some lab costs                     |
|   |  |  |   |
| <b>Time frame: past 36 months</b>                         |  |  |   |
| 2   | Grants or contracts from any entity (if not indicated in item #1 above).   | ____ None  |   |
| 3   | Royalties or licenses  | ____ None  |   |
| 4   | Consulting fees  | ____ None  |   |

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|    |  |  |  |
| 5  | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | ___ None   |  |
| 6  | Payment for expert testimony   | ___ None   |  |
| 7  | Support for attending meetings and/or travel   | ___ None   |  |
| 8  | Patents planned, issued or pending   | ___ None   |  |
| 9  | Participation on a Data Safety Monitoring Board or Advisory Board  | ___ None   |  |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid            | Regional supervisor of training QLD ASOHNS training board<br>Secretary ANZSPO<br>An unpaid Editorial Board Member of AJO | Dr. Burns serves as an unpaid Editorial Board Member of Australian Journal of Otolaryngology |
| 11 | Stock or stock options   | ___ None   |  |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services                             | As above   |  |
| 13 | Other financial or non-financial interests   | ___ None   |  |

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

Dr Burns is co-cordinator of the Annual Brisbane Paediatric Airway course. As such she is directly involved with paediatric airway simulation training for otolaryngology trainees. The course receives equipment and financial assistance form industry as outlined above. She receives no personal financial compensation for her involvement in this teaching. She is both Qld regional chair of training and secretary of the Australian and New Zealand Society of Paediatric Otolaryngology, both of which are unpaid positions. HB also serves as an unpaid Editorial Board Member of *Australian Journal of Otolaryngology*.

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.