

ICMJE DISCLOSURE FORM

Date: 27/05/2023

Your Name: Dr Alasdair Grenness

Manuscript Title: The use of Laser and Transnasal Humidified Rapid Insufflation Ventilatory Exchange in Laryngeal Surgery

Manuscript number (if known): AJO-20-41

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.

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Time frame: past 36 months			
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3	Royalties or licenses	___ None	
4	Consulting fees	___ None	

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ICMJE DISCLOSURE FORM

Date: 27/05/2023

Your Name: _ Dr Timothy Connolly

Manuscript Title: _ The use of Laser and Transnasal Humidified Rapid Insufflation Ventilatory Exchange in Laryngeal Surgery

Manuscript number (if known): AJO-20-41

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Date: 27/05/2023

Your Name: _ Dr Noel Russell

Manuscript Title: The use of Laser and Transnasal Humidified Rapid Insufflation Ventilatory Exchange in Laryngeal Surgery

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Date: 27/05/2023

Your Name: Dr Nicholas JM Agar

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Date: 27/05/2023

Your Name: Dr Roy Nicholson

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Date: 27/05/2023

Your Name: Dr Michael Borschmann

Manuscript Title: The use of Laser and Transnasal Humidified Rapid Insufflation Ventilatory Exchange in Laryngeal Surgery

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