

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

The purpose of this form is to provide readers of your manuscript with information about your other interests that could influence how they receive and understand your work. The form is designed to be completed electronically and stored electronically. It contains programming that allows appropriate data display. Each author should submit a separate form and is responsible for the accuracy and completeness of the submitted information. The form is in six parts.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

Abdul

2. Surname (Last Name)

Alraiyes

3. Date

08-January-2019

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name

Thomas R. Gildea

5. Manuscript Title

3D printing for airway disease

6. Manuscript Identifying Number (if you know it)

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☐ Yes

☒ No

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Dr. Alraiyes has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
Sameer

2. Surname (Last Name)
Avasarala

3. Date
08-January-2019

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name
Thomas R. Gildea

5. Manuscript Title
3D printing for airway disease

6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest? ☐ Yes ☒ No

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Dr. Avasarala has nothing to disclose.

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1. Given Name (First Name)
Michael

2. Surname (Last Name)
Machuzak

3. Date
08-January-2019

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name
Thomas R. Gildea

5. Manuscript Title
3D printing for airway disease

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Thomas

2. Surname (Last Name)

Gildea

3. Date

08-January-2019

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☒ Yes ☐ No

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