Date: 12/7/2023

Your Name: Shreya Podder

Manuscript Title: Role of Single-Use Flexible Bronchoscope

Manuscript number (if known): Unknown

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

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The following questions apply to the author's relationships/activities/interests as they relate to the <u>current</u> manuscript only.

The author's relationships/activities/interests should be <u>defined broadly</u>. 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.

		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 1	frame: Since the initia	l 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	
		Time frame: past	: 36 months
2	Grants or contracts from any entity (if not	_XNone	

	indicated in item #1 above).		
3	Royalties or licenses	_XNone	
4	Consulting fees	X None	
-			
5	Payment or honoraria for lectures,	_XNone	
	presentations,		
	speakers bureaus,		
	manuscript writing or educational events		
6	Payment for expert	X None	
	testimony		
7	Support for attending	X None	
'	meetings and/or travel		
	J. 1, 1		
8	Patents planned, issued or pending	XNone	
	issued or pending		
9	Participation on a Data	XNone	
	Safety Monitoring		
	Board or Advisory Board		
1	Leadership or fiduciary	XNone	
0	role in other board,		
	society, committee or advocacy group, paid		
	or unpaid		
1	Stock or stock options	XNone	
1			
12	Receipt of equipment,	XNone	
	materials, drugs,		
	medical writing, gifts or other services		
1	Other financial or non-	XNone	
3	financial interests		

None			

 $\underline{\underline{X}}$ I certify that I have answered every question and have not altered the wording of any of the questions on this form.

Date: 12/7/2023

Your Name: Octavio Perez

Manuscript Title: Role of Single-Use Flexible Bronchoscope

Manuscript number (if known): Unknown

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	indicated in item #1 above).		
3	Royalties or licenses	_XNone	
4	Consulting fees	X None	
-			
5	Payment or honoraria for lectures,	_XNone	
	presentations,		
	speakers bureaus,		
	manuscript writing or educational events		
6	Payment for expert	X None	
	testimony		
7	Support for attending	X None	
'	meetings and/or travel		
	J. 1, 1		
8	Patents planned, issued or pending	XNone	
	issued or pending		
9	Participation on a Data	XNone	
	Safety Monitoring		
	Board or Advisory Board		
1	Leadership or fiduciary	XNone	
0	role in other board,		
	society, committee or advocacy group, paid		
	or unpaid		
1	Stock or stock options	XNone	
1			
12	Receipt of equipment,	XNone	
	materials, drugs,		
	medical writing, gifts or other services		
1	Other financial or non-	XNone	
3	financial interests		

None	

 \underline{X} I certify that I have answered every question and have not altered the wording of any of the questions on this form.

Date: 12/7/2023

Your Name: William Kivlin

Manuscript Title: Role of Single-Use Flexible Bronchoscope

Manuscript number (if known): Unknown

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	indicated in item #1 above).		
3	Royalties or licenses	_XNone	
4	Consulting fees	X None	
-			
5	Payment or honoraria for lectures,	_XNone	
	presentations,		
	speakers bureaus,		
	manuscript writing or educational events		
6	Payment for expert	X None	
	testimony		
7	Support for attending	X None	
'	meetings and/or travel		
	J. 1, 1		
8	Patents planned, issued or pending	XNone	
	issued or pending		
9	Participation on a Data	XNone	
	Safety Monitoring		
	Board or Advisory Board		
1	Leadership or fiduciary	XNone	
0	role in other board,		
	society, committee or advocacy group, paid		
	or unpaid		
1	Stock or stock options	XNone	
1			
12	Receipt of equipment,	XNone	
	materials, drugs,		
	medical writing, gifts or other services		
1	Other financial or non-	XNone	
3	financial interests		

None

 \underline{X} I certify that I have answered every question and have not altered the wording of any of the questions on this form.

Date: 12/7/2023

Your Name: Harpreet Singh

Manuscript Title: Role of Single-Use Flexible Bronchoscope

Manuscript number (if known): Unknown

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3	Royalties or licenses	_XNone	
4	Consulting fees	X None	
-			
5	Payment or honoraria for lectures,	_XNone	
	presentations,		
	speakers bureaus,		
	manuscript writing or educational events		
6	Payment for expert	X None	
	testimony		
7	Support for attending	X None	
'	meetings and/or travel		
	J. 1, 1		
8	Patents planned, issued or pending	XNone	
	issued or pending		
9	Participation on a Data	XNone	
	Safety Monitoring		
	Board or Advisory Board		
1	Leadership or fiduciary	XNone	
0	role in other board,		
	society, committee or advocacy group, paid		
	or unpaid		
1	Stock or stock options	XNone	
1			
12	Receipt of equipment,	XNone	
	materials, drugs,		
	medical writing, gifts or other services		
1	Other financial or non-	XNone	
3	financial interests		

None

 $\underline{\underline{X}}$ I certify that I have answered every question and have not altered the wording of any of the questions on this form.

Date: 12/7/2023

Your Name: Bryan Benn

Manuscript Title: Role of Single-Use Flexible Bronchoscope

Manuscript number (if known): Unknown

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3	Royalties or licenses	_XNone
4	Consulting fees	_XNone
5	Payment or honoraria	X None
	for lectures,	<u></u>
	presentations,	
	speakers bureaus, manuscript writing or	
	educational events	
6	Payment for expert testimony	XNone
	testimony	
7	Support for attending	X_None
	meetings and/or travel	
8	Patents planned,	XNone
	issued or pending	
9	Participation on a Data	X None
	Safety Monitoring	
	Board or Advisory Board	
1	Leadership or fiduciary	X None
0	role in other board,	
	society, committee or advocacy group, paid	
	or unpaid	
1	Stock or stock options	XNone
1		
12	Receipt of equipment,	XNone
	materials, drugs,	
	medical writing, gifts or other services	
1	Other financial or non-	XNone
3	financial interests	

None			

Please p	olace an	"X"	next to	the	following	statement to	indicate	your a	greement	
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X I certify that I have answered every question and have not altered the wording of any of the questions on this form.

Date: 12/7/2023

Your Name: Jonathan Kurman

Manuscript Title: Role of Single-Use Flexible Bronchoscope

Manuscript number (if known): Unknown

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3	Royalties or licenses	_XNone	
4	Consulting fees	X None	
_		N N	
5	Payment or honoraria for lectures,	_XNone	
	presentations,		
	speakers bureaus,		
	manuscript writing or educational events		
6	Payment for expert	XNone	
	testimony		
7	Support for attending	X None	
'	meetings and/or travel	X_None	
		V 1	
8	Patents planned, issued or pending	XNone	
	issued or perioring		
9	Participation on a Data	XNone	
	Safety Monitoring Board or Advisory		
	Board		
1	Leadership or fiduciary	XNone	
0	role in other board, society, committee or		
	advocacy group, paid		
	or unpaid		
1 1	Stock or stock options	XNone	
12	Receipt of equipment,	XNone	
	materials, drugs,		
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