Date:03-05-2023
Your Name:_Koen Verkoulen
Manuscript Title: Management of tracheobronchial ruptures in blunt chest trauma: pushing the boundaries towards
minimally invasive surgical approach
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.

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		Name all entities with whom you have this relationship or indicate none (add rows as needed)  Time frame: Since the initial	Specifications/Comments (e.g., if payments were made to you or to your institution)
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.	XNone	
2	Grants or contracts from	Time frame: pastXNone	36 months
	any entity (if not indicated in item #1 above).		
3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

5	Payment or honoraria for	X None	
,	lectures, presentations,	XNOTIC	
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	XNone	
	testimony		
	testimony		
7	Support for attending	X None	
,	meetings and/or travel		
	meetings and/or traver		
8	Patents planned, issued or	XNone	
	pending		
9	Participation on a Data	XNone	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	XNone	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	XNone	
12	Receipt of equipment,	XNone	
	materials, drugs, medical		
	writing, gifts or other		
42	services	V N	
13	Other financial or non-	XNone	
	financial interests		

None.		

Please place an "X" next to the following statement to indicate your agreement:

Date:03-05-2023	
our Name: Lori van Roozendaal	
Manuscript Title: Management of tracheobronchial ruptures in blunt chest trauma: pushing the boundaries toward	s a
ninimally invasive surgical approach	
Manuscript number (if known):	

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4	Consulting fees	XNone	

5	Payment or honoraria for	X None	
,	lectures, presentations,	XNOTIC	
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	XNone	
	testimony		
	testimony		
7	Support for attending	X None	
,	meetings and/or travel		
	meetings and/or traver		
8	Patents planned, issued or	XNone	
	pending		
9	Participation on a Data	XNone	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	XNone	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	XNone	
12	Receipt of equipment,	XNone	
	materials, drugs, medical		
	writing, gifts or other		
42	services	V N	
13	Other financial or non-	XNone	
	financial interests		

None.

Please place an "X" next to the following statement to indicate your agreement:

Date:03-05-2023
Your Name: Jean Daemen
Manuscript Title: Management of tracheobronchial ruptures in blunt chest trauma: pushing the boundaries towards
minimally invasive surgical approach
Manuscript number (if known):

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		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	XNone	
3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

5	Payment or honoraria for	X None	
,	lectures, presentations,	XNOTIC	
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	XNone	
	testimony		
	testimony		
7	Support for attending	X None	
,	meetings and/or travel		
	meetings and/or traver		
8	Patents planned, issued or	XNone	
	pending		
9	Participation on a Data	XNone	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	XNone	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	XNone	
12	Receipt of equipment,	XNone	
	materials, drugs, medical		
	writing, gifts or other		
42	services	V N	
13	Other financial or non-	XNone	
	financial interests		

None.			

Please place an "X" next to the following statement to indicate your agreement:

Date:03-05-2023
Your Name: Aimée Franssen
Manuscript Title: Management of tracheobronchial ruptures in blunt chest trauma: pushing the boundaries towards
minimally invasive surgical approach
Manuscript number (if known):

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3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

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

None.			

Please place an "X" next to the following statement to indicate your agreement:

Date:03-05-2023
Your Name: Berry Meesters
Manuscript Title: Management of tracheobronchial ruptures in blunt chest trauma: pushing the boundaries towards
minimally invasive surgical approach
Manuscript number (if known):

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3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

5	Payment or honoraria for	X None	
,	lectures, presentations,	XNOTIC	
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	XNone	
	testimony		
	testimony		
7	Support for attending	X None	
,	meetings and/or travel	XNone	
	meetings and/or traver		
8	Patents planned, issued or	XNone	
	pending		
9	Participation on a Data	XNone	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	XNone	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	XNone	
12	Receipt of equipment,	XNone	
	materials, drugs, medical		
	writing, gifts or other		
42	services	V N	
13	Other financial or non-	XNone	
	financial interests		

None.		

Please place an "X" next to the following statement to indicate your agreement:

Date:03-05-2023
Your Name: Karel Hulsewé
Manuscript Title: Management of tracheobronchial ruptures in blunt chest trauma: pushing the boundaries towards
minimally invasive surgical approach
Manuscript number (if known):

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3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

5	Payment or honoraria for	XNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	XNone	
	testimony		
7	Support for attending meetings and/or travel	XNone	
8	Patents planned, issued or	XNone	
	pending		
9	Participation on a Data	XNone	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	XNone	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	XNone	
12	Receipt of equipment,	XNone	
	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or non-	XNone	
	financial interests		

None.			

Please place an "X" next to the following statement to indicate your agreement:

Date:03-05-2023
Your Name: Yvonne Vissers
Manuscript Title: Management of tracheobronchial ruptures in blunt chest trauma: pushing the boundaries towards
minimally invasive surgical approach
Manuscript number (if known):

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	Time frame: Since the initial	planning of the work
manuscript (e.g., funding, provision of study materials,	XNone	
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No time limit for this item.		
	Time frame: past	36 months
Grants or contracts from	XNone	
,		
Royalties or licenses	XNone	
Consulting food	V. None	
Consulting rees	xnone	
	provision of study materials, medical writing, article processing charges, etc.)  No time limit for this item.	whom you have this relationship or indicate none (add rows as needed)  Time frame: Since the initial  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.  Time frame: past  Grants or contracts from any entity (if not indicated in item #1 above).  Royalties or licenses  whom you have this relationship or indicate  X None

5	Payment or honoraria for	XNone	
	lectures, presentations,		
	speakers bureaus,		
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	educational events		
6	Payment for expert	XNone	
	testimony		
7	Support for attending meetings and/or travel	XNone	
8	Patents planned, issued or	XNone	
	pending		
9	Participation on a Data	XNone	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	XNone	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	XNone	
12	Receipt of equipment,	XNone	
	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or non-	XNone	
	financial interests		

None.			

Please place an "X" next to the following statement to indicate your agreement:

Date:03-05-2023
Your Name: Erik de Loos
Manuscript Title: Management of tracheobronchial ruptures in blunt chest trauma: pushing the boundaries towards
minimally invasive surgical approach
Manuscript number (if known):

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manuscript (e.g., funding, provision of study materials,	XNone	
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Grants or contracts from	XNone	
,		
Royalties or licenses	XNone	
Consulting food	V. None	
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7	Support for attending	X None	
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8	Patents planned, issued or	XNone	
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42	services	V N	
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