ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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<table>
<thead>
<tr>
<th>1. Given Name (First Name)</th>
<th>2. Surname (Last Name)</th>
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<tbody>
<tr>
<td>Weisheng</td>
<td>Chen</td>
<td>24-May-2020</td>
</tr>
</tbody>
</table>

4. Are you the corresponding author?  
   - Yes  
   - No

Corresponding Author’s Name
Chunbo Chen

5. Manuscript Title
Case Report: Tracheoesophageal Fistula Secondary to Tracheomegaly in a Tetanus Patient

6. Manuscript Identifying Number (if you know it)
APM-19-681-R1

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Dr. Chen has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  
   Jiaxin

2. Surname (Last Name)  
   Li

3. Date  
   23-May-2020

4. Are you the corresponding author?  
   [ ] Yes  [✓] No
   Corresponding Author’s Name  
   Chunbo Chen

5. Manuscript Title  
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1. Given Name (First Name)  
Ronghua

2. Surname (Last Name)  
Deng

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24-May-2020

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Chen
1
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1. Given Name (First Name)  
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2. Surname (Last Name)  
   Chen

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