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<tr>
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<td>Liu</td>
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4. Are you the corresponding author?  
   - Yes [ ]  
   - No [x]  

Corresponding Author’s Name  
Peng Li and Juan Liao

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Jie
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Xiao
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1. Given Name (First Name) Jia qi
2. Surname (Last Name) Gan
3. Date 22-February-2021
4. Are you the corresponding author? Yes ☑ No
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5. Manuscript Title
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### Section 1. Identifying Information

1. Given Name (First Name)  
   Jing  

2. Surname (Last Name)  
   Cheng  

3. Date  
   22-February-2021  

4. Are you the corresponding author?  
   Yes ✔ No

   **Corresponding Author’s Name**  
   Peng Li and Juan Liao  

5. Manuscript Title  
   Anesthesia airway management for tracheal resection and reconstruction: a single-center case series  

6. Manuscript Identifying Number (if you know it)  
   APM-21-431

### Section 2. The Work Under Consideration for Publication

Did you or your institution at any time receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?  

Are there any relevant conflicts of interest?  
   Yes ✔ No

### Section 3. Relevant financial activities outside the submitted work.

Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the “Add +” box. You should report relationships that were present during the 36 months prior to publication.  

Are there any relevant conflicts of interest?  
   Yes ✔ No

### Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  
   Yes ✔ No
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Dr. Cheng has nothing to disclose.

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1. Identifying information.
2. The work under consideration for publication.
3. Relevant financial activities outside the submitted work.
5. Relationships not covered above.
6. Definitions.

1. Identifying information.

The work under consideration for publication.

This section asks for information about the work that you have submitted for publication. The time frame for this reporting is that of the work itself, from the initial conception and planning to the present. The requested information is about resources that you received, either directly or indirectly (via your institution), to enable you to complete the work. Checking “No” means that you did the work without receiving any financial support from any third party -- that is, the work was supported by funds from the same institution that pays your salary and that institution did not receive third-party funds with which to pay you. If you or your institution received funds from a third party to support the work, such as a government granting agency, charitable foundation or commercial sponsor, check “Yes”.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. **Given Name (First Name)**
   - Juan

2. **Surname (Last Name)**
   - Liao

3. **Date**
   - 22-February-2021

4. **Are you the corresponding author?**
   - Yes ✔

5. **Manuscript Title**
   - Anesthesia airway management for tracheal resection and reconstruction: a single-center case series

6. **Manuscript Identifying Number (if you know it)**
   - APM-21-431

### Section 2. The Work Under Consideration for Publication

Did you or your institution at any time receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

Are there any relevant conflicts of interest? ✔ No

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### Section 4. Intellectual Property -- Patents & Copyrights

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Section 6. Disclosure Statement

Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Dr. Liao has nothing to disclose.

Evaluation and Feedback

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Li
## Section 1. Identifying Information

1. **Given Name (First Name)**
   - Peng

2. **Surname (Last Name)**
   - Li

3. **Date**
   - 22-February-2021

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

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Are there any relevant conflicts of interest? ✔ Yes  No

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