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.

1. Identifying information.

2. The work under consideration for publication.

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This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

5. Relationships not covered above.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Ammara
2. Surname (Last Name) Watkins
3. Date 27-April-2020
4. Are you the corresponding author? Yes No

5. Manuscript Title
Revision tracheobronchoplasty: case report

6. Manuscript Identifying Number (if you know it)
CCTS-19-36

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. Watkins has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  Jennifer
2. Surname (Last Name)   Wilson
3. Date   27-April-2020
4. Are you the corresponding author?  Yes  No
5. Manuscript Title  Revision tracheobronchoplasty: case report
6. Manuscript Identifying Number (if you know it)

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### Section 1. Identifying Information

1. Given Name (First Name)  
   Mihir

2. Surname (Last Name)  
   Parikh

3. Date  
   20-April-2020

4. Are you the corresponding author?  
   Yes [x]  No

5. Manuscript Title  
   Revision tracheobronchoplasty: case report

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 [x]

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Are there any relevant conflicts of interest?  
   Yes [ ]  No [x]

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

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  
   Yes [ ]  No [x]

Parikh
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Dr. Parikh has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
Adnan

2. Surname (Last Name)  
Majid

3. Date  
28-April-2020

4. Are you the corresponding author?  
☑ No  

5. Manuscript Title  
Revision tracheobronchoplasty: case report

6. Manuscript Identifying Number (if you know it)  
CCTS-19-36

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Dr. Majid has nothing to disclose.

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# ICMJE Form for Disclosure of Potential Conflicts of Interest

## Section 1. Identifying Information

1. Given Name (First Name)  
   Sidhu  

2. Surname (Last Name)  
   Gangadharan  

3. Date  
   27-April-2020  

4. Are you the corresponding author?  
   Yes ☐  No ☑  

5. Manuscript Title  
   Revision tracheobronchoplasty: case report  

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Gangadharan
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