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| 4 | Consulting fees | None | None |
| 5 | Payment or honoraria for | None | None |
| Question                                                                                                                                                                                                 | None | None |
|---|---|---|
| 6  | Payment for expert testimony                                                                 | None | None |
| 7  | Support for attending meetings and/or travel                                                                 | None | None |
| 8  | Patents planned, issued or pending                                                                 | None | None |
| 9  | Participation on a Data Safety Monitoring Board or Advisory Board                                                                 | None | None |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | None | None |
| 11 | Stock or stock options                                                                 | None | None |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services                                                                 | None | None |
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| 3 | Royalties or licenses                                                                            | None | None |
| 4 | Consulting fees                                                                                 | None | None |
| 5 | Payment or honoraria for                                                                          | None | None |
|   | **Time frame: past 36 months**                                                                  |                                                                                   |

Date: 2021.7.7
Your Name: Dongni Xu
Manuscript Title: The use of bronchial blockers in patients with aberrant tracheobronchial anatomy: Case Report
Manuscript number (if known):
| 6 | Payment for expert testimony | None | None |
| 7 | Support for attending meetings and/or travel | None | None |
| 8 | Patents planned, issued or pending | None | None |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | None | None |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | None | None |
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**Date:** 2021.7.7  
**Your Name:** Zhongqi Liu

**Manuscript Title:** The use of bronchial blockers in patients with aberrant tracheobronchial anatomy: Case Report  
**Manuscript number (if known):** ____________________________

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**Specifications/Comments**

(e.g., if payments were made to you or to your institution)
| Question                                                                 | Yes | No |
|-------------------------------------------------------------------------|-----|----|
| Lectures, presentations, speakers bureaus, manuscript writing or educational events |     |    |
| Payment for expert testimony                                            | None| None|
| Support for attending meetings and/or travel                            | None| None|
| Patents planned, issued or pending                                      | None| None|
| Participation on a Data Safety Monitoring Board or Advisory Board       | None| None|
| Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | None| None|
| Stock or stock options                                                  | None| None|
| Receipt of equipment, materials, drugs, medical writing, gifts or other services | None| None|
| Other financial or non-financial interests                               | None| None|

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Date: 2021.7.7

Your Name: Ting Liu

Manuscript Title: The use of bronchial blockers in patients with aberrant tracheobronchial anatomy: Case Report

Manuscript number (if known):

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| 5    | Payment or honoraria for | None | None |

Time frame: past 36 months
| Item                                                                 | Financial Interest | Non-Financial Interest |
|----------------------------------------------------------------------|--------------------|------------------------|
| Lectures, presentations, speakers bureaus, manuscript writing or educational events |                    |                        |
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| Support for attending meetings and/or travel                           | None               | None                   |
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| Participation on a Data Safety Monitoring Board or Advisory Board     | None               | None                   |
| Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | None               | None                   |
| Stock or stock options                                                | None               | None                   |
| Receipt of equipment, materials, drugs, medical writing, gifts or other services | None               | None                   |
| Other financial or non-financial interests                            | None               | None                   |

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Your Name: Jianfeng Zeng
Manuscript Title: The use of bronchial blockers in patients with aberrant tracheobronchial anatomy: Case Report
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Time frame: Since the initial planning of the work

Time frame: past 36 months
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| Item                                                                 | None | None |
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