ICMJE DISCLOSURE FORM

Date: Jan. 10th, 2022
Your Name: **JAN WANG**
Manuscript Title: **A simple and practical intraoperative ventilation technique for uniportal video-assisted thorascoposcopic tracheal reconstruction: a case report**
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.

The following questions apply to the author’s relationships/activities/interests as they relate to the current manuscript only.

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|   | Name all entities with whom you have this relationship or indicate none (add rows as needed) | Specifications/Comments (e.g., if payments were made to you or to your institution) |  |
|---|-------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|---|
| **Time frame: Since the initial planning of the work** | | | |
| 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. | X None | |

| **Time frame: past 36 months** |
|---|
| 2 | Grants or contracts from any entity (If not indicated in item #1 above). | X None | |
| 3 | Royalties or licenses | X None | |
| 4 | Consulting fees | X None | |
|   |   |
|---|---|
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | None |
| 6 | Payment for expert testimony | None |
| 7 | Support for attending meetings and/or travel | None |
| 8 | Patents planned, issued or pending | None |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | None |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | None |
| 11 | Stock or stock options | None |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | None |
| 13 | Other financial or non-financial interests | None |

Please summarize the above conflict of interest in the following box:

None

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

X I certify that I have answered every question and have not altered the wording of any of the questions on this form.
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Date: Jan. 10th, 2022
Your Name: Qiang Wang
Manuscript Title: A simple and practical intraoperative ventilation technique for uniportal video-assisted thoracoscopic tracheal reconstruction: a case report
Manuscript number (if known): 

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| 3 | Royalties or licenses  | None                                                                                       |
| 4 | Consulting fees  | None                                                                                       |
|   | Question                                                                 | Answer |
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Date: Jan. 10th, 2022
Your Name: ZHAO, LEI

Manuscript Title: A simple and practical intraoperative ventilation technique for uniportal video-assisted thoroscopic tracheal reconstruction: a case report

Manuscript number (if known): 

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Your Name: JUN ZHAO
Manuscript Title: A simple and practical intraoperative ventilation technique for uniportal video-assisted thoracoscopic tracheal reconstruction: a case report
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