ICMJE DISCLOSURE FORM

Date: ___07 September 2022____________________________________________________________
Your Name: ______________________ Audrey De Jong
Manuscript Title: _______Difficult airway management: is prevent better than cure?
Manuscript number (if known): ___ ATM-22-3883 _______________________________________

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.

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| 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 | Medtronic                                                                                     | Payments made to me                                                                   |

Time frame: Since the initial planning of the work

Time frame: past 36 months
|   | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | Drager Payments made to me | Fisher-Paykel Payments made to me |
|---|----------------------------------------------------------------------------------------------------------------|-----------------------------|----------------------------------|
| 6 | Payment for expert testimony | _X__None | |
| 7 | Support for attending meetings and/or travel | _X__None | |
| 8 | Patents planned, issued or pending | _X__None | |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | _X__None | |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | _X__None | |
| 11 | Stock or stock options | _X__None | |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | _X__None | |
| 13 | Other financial or non-financial interests | _X__None | |

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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: 07 September 2022
Your Name: Yvan Pouzeratte
Manuscript Title: Difficult airway management: is prevent better than cure?
Manuscript number (if known): ATM-22-3883

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| 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 | Time frame: past 36 months |
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I declare that I have no conflict of interest

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Date: ___ 07 September 2022 ____________________________________________________________

Your Name: ___________________ Thomas Sfara

Manuscript Title: ________Difficult airway management: is prevent better than cure?

Manuscript number (if known): ___ ATM-22-3883 ________________________________________________

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| **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 | X None |
| 6 | Payment for expert testimony                                                                                 | X None |
| 7 | Support for attending meetings and/or travel                                                                   | X None |
| 8 | Patents planned, issued or pending                                                                            | X None |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board                                              | X None |
| 10| Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid             | X None |
| 11| Stock or stock options                                                                                       | X None |
| 12| Receipt of equipment, materials, drugs, medical writing, gifts or other services                               | X None |
| 13| Other financial or non-financial interests                                                                     | X None |

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Date: ___07 September 2022____________________________________________________________

Your Name: __________________ Samir Jaber

Manuscript Title: ______Difficult airway management: is prevent better than cure?

Manuscript number (if known): ___ ATM-22-3883 ________________________________

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| 1 | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) | X None |

**Time frame: Since the initial planning of the work**

| # | Grants or contracts from any entity (if not indicated in item #1 above). | X None |
|---|------------------------------------------------------------------------|-------|
| 2 | Royalties or licenses | X None |
| 3 | Consulting fees | Mindray Payments made to me |
|    | | Fresenius Payments made to me |
|    | | Baxter Payments made to me |

**Time frame: past 36 months**
|   | Medtronic | Payments made to me |
|---|-----------|---------------------|
|   | Drager    | Payments made to me |
|   | Fisher-Paykel | Payments made to me |

|   | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | _X__None |
|---|--------------------------------------------------------------------------------------------------|----------|
| 5 |                                                                                                  |          |

|   | Payment for expert testimony | _X__None |
|---|--------------------------------|----------|
| 6 |                                                                                |          |

|   | Support for attending meetings and/or travel | _X__None |
|---|-----------------------------------------------|----------|
| 7 |                                                                                |          |

|   | Patents planned, issued or pending | _X__None |
|---|-----------------------------------|----------|
| 8 |                                                                                |          |

|   | Participation on a Data Safety Monitoring Board or Advisory Board | _X__None |
|---|------------------------------------------------------------------|----------|
| 9 |                                                                                |          |

|   | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | _X__None |
|---|--------------------------------------------------------------------------------------------------|----------|
| 10|                                                                                                  |          |

|   | Stock or stock options | _X__None |
|---|------------------------|----------|
| 11|                        |          |

|   | Receipt of equipment, materials, drugs, medical writing, gifts or other services | _X__None |
|---|----------------------------------------------------------------------------------|----------|
| 12|                                                                                   |          |

|   | Other financial or non-financial interests | _X__None |
|---|-------------------------------------------|----------|
| 13|                                          |          |

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I declare receiving consulting fees from Drager, Medtronic, Mindray, Fresenius, Baxter, and Fisher & Paykel.

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

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