Date:	_2023/4/6	
Your Name:	Ming Xia _	
Manuscript Title:	_ Expert conser	nsus on difficult airway assessment
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 <u>current</u> <u>manuscript only</u>.

The author's relationships/activities/interests should be <u>defined broadly</u>. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

		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.	XNone	
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	XNone	
3	Royalties or licenses	XNone	
4	Consulting fees	X_None	

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5	Payment or honoraria for	XNone		
	lectures, presentations,			
	speakers bureaus,			
	manuscript writing or			
	educational events			
6	Payment for expert	X None		
	testimony			
7	Support for attending	X None		
	meetings and/or travel			
8	Patents planned, issued or	XNone		
	pending			
9	Participation on a Data	XNone		
	Safety Monitoring Board or			
	Advisory Board			
10	Leadership or fiduciary role	X None		
	in other board, society,			
	committee or advocacy			_
	group, paid or unpaid			
11	Stock or stock options	X None		Г
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12	Receipt of equipment,	XNone		
	materials, drugs, medical			
	writing, gifts or other			
	services			
13	Other financial or non-	X None		
	financial interests			Т
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Dles	ase summarize the above co	nflict of interest in the fo	llowing hox:	
1 100	ase sammanize the above to	minet of interest in the lo	nowing work.	
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 \underline{X} I certify that I have answered every question and have not altered the wording of any of the questions on this form.

Date:	_2023/4/6
Your Name:	Wuhua Ma
Manuscript Title:	Expert consensus on difficult airway assessment
Manuscript number (i	f 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.

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		Time frame: Since the initial	planning of the work
1	All support for the present	XNone	
	manuscript (e.g., funding,		
	provision of study materials, medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
		Time frame: past	36 months
2	Grants or contracts from	XNone	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

_				
5	Payment or honoraria for	XNone		
	lectures, presentations,			
	speakers bureaus,			
	manuscript writing or			
	educational events			
6	Payment for expert	X None		
	testimony			
7	Support for attending	X None		
	meetings and/or travel			
8	Patents planned, issued or	XNone		
	pending			
9	Participation on a Data	XNone		
	Safety Monitoring Board or			
	Advisory Board			
10	Leadership or fiduciary role	X None		
	in other board, society,			
	committee or advocacy			_
	group, paid or unpaid			
11	Stock or stock options	X None		Г
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12	Receipt of equipment,	XNone		
	materials, drugs, medical			
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13	Other financial or non-	X None		
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Dles	ase summarize the above co	nflict of interest in the fo	llowing hox:	
1 100	ase sammanize the above to	minet of interest in the lo	nowing work.	
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 \underline{X} I certify that I have answered every question and have not altered the wording of any of the questions on this form.

Date:	_2023/4/6
Your Name:	Mingzhang Zuo
Manuscript Title:	Expert consensus on difficult airway assessment
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 <u>current</u> <u>manuscript only</u>.

The author's relationships/activities/interests should be <u>defined broadly</u>. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

		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
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		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	XNone	
3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

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5	Payment or honoraria for	XNone		
	lectures, presentations,			
	speakers bureaus,			
	manuscript writing or			
	educational events			
6	Payment for expert	X None		
	testimony			
7	Support for attending	X None		
	meetings and/or travel			
8	Patents planned, issued or	XNone		
	pending			
9	Participation on a Data	XNone		
	Safety Monitoring Board or			
	Advisory Board			
10	Leadership or fiduciary role	X None		
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	committee or advocacy			_
	group, paid or unpaid			
11	Stock or stock options	X None		Г
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12	Receipt of equipment,	XNone		
	materials, drugs, medical			
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13	Other financial or non-	X None		
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 \underline{X} I certify that I have answered every question and have not altered the wording of any of the questions on this form.

Date:	_2023/4/7
Your Name:	Xiaoming Deng
Manuscript Title:	_ Expert consensus on difficult airway assessment
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 <u>current</u> <u>manuscript only</u>.

The author's relationships/activities/interests should be <u>defined broadly</u>. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

		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.	XNone	
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	XNone	
3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

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5	Payment or honoraria for	XNone		
	lectures, presentations,			
	speakers bureaus,			
	manuscript writing or			
	educational events			
6	Payment for expert	X None		
	testimony			
7	Support for attending	X None		
	meetings and/or travel			
8	Patents planned, issued or	XNone		
	pending			
9	Participation on a Data	XNone		
	Safety Monitoring Board or			
	Advisory Board			
10	Leadership or fiduciary role	X None		
	in other board, society,			
	committee or advocacy			_
	group, paid or unpaid			
11	Stock or stock options	X None		Г
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12	Receipt of equipment,	XNone		
	materials, drugs, medical			
	writing, gifts or other			
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13	Other financial or non-	X None		
	financial interests			Т
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 \underline{X} I certify that I have answered every question and have not altered the wording of any of the questions on this form.

Date:	_2023/4/6			
Your Name:	Fushan Xue			
Manuscript Title:	_ Expert consensus	on difficult airway assessment		
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.

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2	Grants or contracts from any entity (if not indicated in item #1 above).	Time frame: pastXNone	36 months
3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

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5	Payment or honoraria for	XNone		
	lectures, presentations,			
	speakers bureaus,			
	manuscript writing or			
	educational events			
6	Payment for expert	X None		
	testimony			
7	Support for attending	X None		
	meetings and/or travel			
8	Patents planned, issued or	XNone		
	pending			
9	Participation on a Data	XNone		
	Safety Monitoring Board or			
	Advisory Board			
10	Leadership or fiduciary role	X None		
	in other board, society,			
	committee or advocacy			_
	group, paid or unpaid			
11	Stock or stock options	X None		Г
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12	Receipt of equipment,	XNone		
	materials, drugs, medical			
	writing, gifts or other			
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13	Other financial or non-	X None		
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1 100	ase sammanize the above to	minet of interest in the lo	nowing work.	
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 \underline{X} I certify that I have answered every question and have not altered the wording of any of the questions on this form.

Date:	_2022/11/11
Your Name:	Denise Battaglini
Manuscript Title:	_ Expert consensus on difficult airway assessment
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.

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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.	Time frame: Since the initial XNone	planning of the work
2	Grants or contracts from any entity (if not indicated in item #1 above). Royalties or licenses	Time frame: pastXNone	36 months
3	Novatices of ficerises	X_NONE	
4	Consulting fees	XNone	

5	5 Payment or honoraria for	XNone		
	lectures, presentations,			
	speakers bureaus,			
	manuscript writing or			
	educational events			
6	Payment for expert	XNone		
	testimony			
7	Support for attending meetings and/or travel	XNone		
8	Patents planned, issued or	XNone		
	pending			
9	Participation on a Data	XNone		
	Safety Monitoring Board or			
	Advisory Board			
10	Leadership or fiduciary role	X_None		
	in other board, society, committee or advocacy			
	group, paid or unpaid			
11	Stock or stock options	X None		
	Stock of Stock options	XNone		
12	Receipt of equipment,	X None		
	materials, drugs, medical			
	writing, gifts or other			
	services			
13	Other financial or non-	XNone		
	financial interests			
Ple	Please summarize the above conflict of interest in the following box:			
	None			
- 1				

 \underline{X} I certify that I have answered every question and have not altered the wording of any of the questions on this form.

Date:	26 th Sep 2022			
Your Name:	Vivek Aggarwal			
Manuscript Title:	Expert Consensus	on Difficult Airway Assessment_		
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.

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		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	
4	Consulting fees	None	

6	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events Payment for expert testimony Support for attending	NoneNone None			
	meetings and/or travel				
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			
Plea	Please summarize the above conflict of interest in the following box:				

There are no conflicts of interests.		

_X__ I certify that I have answered every question and have not altered the wording of any of the questions on this form.

Date:September 26, 2022				
Your Name:	Giustino Varrassi			
Manuscript Title:	Expert consensus on difficult airway assessment_			
Manuscript number (i	fknown):			

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3	Grants or contracts from any entity (if not indicated in item #1 above). Royalties or licenses	None None None	36 months
4	Consulting fees	None	

5	Payment or honoraria for	None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	None	
	testimony		
7	Support for attending	None	
	meetings and/or travel		
8	Patents planned, issued or	None	
	pending		
9	Participation on a Data	None	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	None	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	None	
12	Descript of annionant	Al	
12	Receipt of equipment,	None	
	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or non-	None	
13	financial interests	110116	
	Tillariciai iliterests		

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

I do not have conflict of interest related to this submission	

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.

Giustino Varrassi

Date:SEPT 30,	
2022	_
Your Name:Vladimir	
Cerny	
Manuscript Title: Expert Consensus on Difficult Airway Assessment	
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.

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		Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initial	Specifications/Comments (e.g., if payments were made to you or to your institution) 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.	None	
		Time frame: past	
2	Grants or contracts from any entity (if not indicated in item #1 above).		Institutional research grants from Charles University in Prague at University Hospital Hradec Kralove in different areas of interest
3	Royalties or licenses	None	

4	Consulting fees		Behring, Baxter, BBraun, Octapharma
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony		I do serve as expert court witness for the area of anesthesia and intensive care 25 years
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		President of the Czech Society of Anesthesiology and Intensive Care
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:

Dr. Vladimir Cerny received consulting fees from in the past 5 years from Behring, Baxter, BBraun, Octapharma, received institutional research grants from Charles University in Prague at University Hospital Hradec Kralove in different areas of interest, and he serve as expert court witness for the area of anesthesia and intensive care 25 years and he is President of the Czech Society of Anesthesiology and Intensive Care.

Please place an "X" next to the following statement to ind	licate 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.

prof. Vladimir Cerny, MD, PhD, FCCM, FESAIC SEPT 30, 2022



Date: 30.09.2022

Your Name: Ida Di Giacinto -

Manuscript Title: Expert Consensus in Difficult Airway Assessment

Manuscript number (if known): a MDT-CA4-LXY-R2

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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		Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initia	Specifications/Comments (e.g., if payments were made to you or to your institution) al 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.	None	
		Time frame: pas	t 36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	
4	Consulting fees	None	

5	Payment or honoraria for lectures, presentations,	None	
	speakers bureaus, manuscript writing or educational events		
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
3	Patents planned, issued or pending	None	•
)	Participation on a Data Safety Monitoring Board or Advisory Board	None	
.0	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	
1	Stock or stock options	None	
2	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
l3	Other financial or non- financial interests	None	
_	ease summarize the above control	onflict of interest in the fo	llowing box:
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Ple	ease place an "X" next to the	e following statement to in	ndicate your agreement:
	_ I certify that I have answe form. X	red every question and ha	ave not altered the wording of any of the questions on t
		Lonco	usto

200	CMJE DISCLOSURE FORM
Date:	
Your Name:	RITA CATALLO
Manuscript Title: - EX	PERT CONSENSUS ON DIFFICULTAIRWAY ASSESSMENT
Manuscript number (if k	(nown):

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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70.00		Time frame: Since the initi	al 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.	None None	
法批	e time frame tor disclosure in	Time frame: pas	t 36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	
4	Consulting fees	None	

5	Payment or honoraria for	None	
1000	lectures, presentations, speakers bureaus, manuscript writing or educational events		
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	
2	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
.3	Other financial or non- financial interests	None	

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

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

 I certify that I have answered	d every question and	have not altered t	the wording of	any of the que	stions on this
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Date:	_26/09/2022
Your Name:	Daqing Ma
Manuscript Title	: Expert Consensus on Difficult Airway Assessment
Manuscript num	ber (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 <u>current</u> <u>manuscript only</u>.

The author's relationships/activities/interests should be <u>defined broadly</u>. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

		Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initial	Specifications/Comments (e.g., if payments were made to you or to your institution) 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.	None	
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	
4	Consulting fees	None	

5	Payment or honoraria for	None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or educational events		
;	Payment for expert	None	
	testimony		
	Support for attending	None	
	meetings and/or travel		
	Datants planned issued or	None	
	Patents planned, issued or pending	None	
	periamb		
	Participation on a Data	None	
	Safety Monitoring Board or		
	Advisory Board		
0	Leadership or fiduciary role	None	
	in other board, society, committee or advocacy		
	group, paid or unpaid		
1	Stock or stock options	None	
2	Receipt of equipment,	None	
	materials, drugs, medical writing, gifts or other		
	services		
3	Other financial or non-	None	
	financial interests		
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)I-	aca placa ap "V" payt to the	following statement to !-	adicate vour agreements
те	ase place an "X" next to the	ionowing statement to II	idicate your agreement:
	I certify that I have answe	red every question and ha	ave not altered the wording of any of the questions on
_	form.	ica every question and no	ave not altered the wording of any of the questions of
	1011111.		

Date:_	9/26/2022
Your N	me:_Toru Yamamoto
Manus	ript Title:_Expert Consensus on Difficult Airway Assessment
Manus	ript 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.

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2	Grants or contracts from any entity (if not indicated in item #1 above). Royalties or licenses	Time frame: pastNone None	36 months
4	Consulting fees	None	

5	Payment or honoraria for	None	
	lectures, presentations, speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	None	
	testimony		
_	C 1 C 11 11	N.	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or	None	
	pending		
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9	Participation on a Data Safety Monitoring Board or	None	
	Advisory Board		
10	Leadership or fiduciary role	None	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	None	
12	Receipt of equipment,	None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	None	
	financial interests		
Ple	ease summarize the above c	onflict of interest in the f	ollowing box:
	None		

_X _ I certify that I have answered every question and have not altered the wording of any of the questions on this form.

	ICIVISE DISCLOSURE FORIVI					
Date: 28/09	/2022					
Your Name:_MARTINA			_			
Manuscript Title:	Expert Consensus of	n Difficult Airway Assessment	-			
Manuscript number (if I						
related to the content of parties whose interests	the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are elated to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third arties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment of transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a					
relationship/activity/in	erest, it is preferable that you d	0 SO.				
The following questions manuscript only.	apply to the author's relationsh	nips/activities/interests as they relate to the <u>curren</u>	<u>t</u>			
The author's relationships/activities/interests should be <u>defined broadly</u> . For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.						
n item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.						
	Name all entities with whom you have this relationship or indicate none (add rows as	Specifications/Comments (e.g., if payments were made to you or to your institution)				

		Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initial	Specifications/Comments (e.g., if payments were made to you or to your institution)
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.	None	
3	Grants or contracts from any entity (if not indicated in item #1 above). Royalties or licenses	None None None	36 months
4	Consulting fees	None	

5	Payment or honoraria for	None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	None	
	testimony		
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None	
	pending		
9	Participation on a Data	None	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	None	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	None	
12	Receipt of equipment,	None	
	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or non-	None	
15	financial interests	None	
	illianciai iliterests		
Ple	ease summarize the above c	onflict of interest in the fo	llowing box:
	None		
	None		

__x_ I certify that I have answered every question and have not altered the wording of any of the questions on this form.

Date:_29/09/2022			
Your Name:Alessandro De Cassai			
Manuscript Title:_Expert Consensus on Difficult Airway Assessment			
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 <u>current</u> <u>manuscript only</u>.

The author's relationships/activities/interests should be <u>defined broadly</u>. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

		Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initial	Specifications/Comments (e.g., if payments were made to you or to your institution)
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.	None	
2	Grants or contracts from any entity (if not indicated in item #1 above). Royalties or licenses	None None None	36 months
4	Consulting fees	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:

No conflict of interests		

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.

Date:	26.	.09	20	22
Date.	20.			~~

Your Name: Andrea Carsetti

Manuscript Title: Expert Consensus on Difficult Airway Assessment

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.

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3	Grants or contracts from any entity (if not indicated in item #1 above). Royalties or licenses	None None None	36 months
4	Consulting fees	None	

5	Payment or honoraria for	None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
C	educational events Payment for expert	None	
6	testimony	None	
	testimony		
7	Support for attending	None	
,	meetings and/or travel	None	
	meetings and, or traver		
8	Patents planned, issued or	None	
	pending		
9	Participation on a Data	None	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	None	
	in other board, society,		
	committee or advocacy		
11	group, paid or unpaid Stock or stock options	None	
11	Stock of Stock options	None	
12	Receipt of equipment,	None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	None	
	financial interests		
Dla	ease summarize the above c	onflict of interest in the	following hox:
FIC	ase summanize the above t	omnet of interest in the	Tollowing box.
	None		

X I certify that I have answered every question and have not altered the wording of any of the questions on this form.

Date:	_9/26/22
Your Name:_	Marvin G Chang
Manuscript Ti	itle: Expert Consensus on Difficult Airway Assessment
Manuscript n	umber (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.

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3	Royalties or licenses	None	
4	Consulting fees	None	

5	Payment or honoraria for	None	
	lectures, presentations,		
	speakers bureaus, manuscript writing or		
	educational events		
6	Payment for expert	None	
	testimony		
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None	
	Ferramag		
9	Participation on a Data	None	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	None	
	in other board, society, committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	None	
12	Receipt of equipment,	None	
12	materials, drugs, medical	None	
	writing, gifts or other		
	services		
13	Other financial or non-	None	
	financial interests		
Plea	se summarize the above co	nflict of interest in the follo	owing box:
	Mana		
	None		

_X__ I certify that I have answered every question and have not altered the wording of any of the questions on this form.

Date: <u>28 Sep 2022</u>
Your Name: Edwin Seet
Manuscript Title: Expert Consensus on Difficult Airway Assessmen
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.

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3	Royalties or licenses	None	
4	Consulting fees	None	

5	Payment or honoraria for	None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	None	
	testimony		
7	Support for attending meetings and/or travel	None	
	-		
8	Patents planned, issued or	None	
	pending		
9	Participation on a Data	None	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	None	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	None	
12	Receipt of equipment,	None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	None	
	financial interests		
Plea	se summarize the above co	nflict of interest in the foll	owing box:
- 1			

None		

__X_ I certify that I have answered every question and have not altered the wording of any of the questions on this form.

Date:	September	· 26, 2022	
Your Name:	_Daniel Davis, MD_		
Manuscript Title:	Expert Consen	sus on Difficult Airway Assessment	
Manuscript numb	per (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.

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2	Grants or contracts from any entity (if not indicated in item #1 above).	Time frame: pastNone	36 months
3	Royalties or licenses	None	
4	Consulting fees	None	

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

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

No conflicts of interest related to the topic of this manuscript.	

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.

Date:	3	OCTOBE	R 2022	<u> </u>			
Your Name:		MICHAE		1PW1			
Manuscript 1	Title:	EXPERT	CONSENSU	us on	DIFFI CUI	T MIRWAY	ASSEMENT
Manuscript i	numbe	r (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.

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N IST	The state of the s	Time frame: pa	st 36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	
4	Consulting fees	None	

Payment or honoraria for lectures, presentations, speakers bureaus,	None	
speakers bureaus,		
manuscript writing or		
educational events		
Payment for expert	None	
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meetings and/or travel		
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Patents planned, issued or	None	
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Participation on a Data	None	
Safety Monitoring Board or		
Advisory Board		
Leadership or fiduciary role	None	
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Receipt of equipment.	None	
	None	
	Support for attending meetings and/or travel Patents planned, issued or pending Participation on a Data Safety Monitoring Board or Advisory Board	Support for attending meetings and/or travel Patents planned, issued or pending Participation on a Data Safety Monitoring Board or Advisory Board Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid Stock or stock options Receipt of equipment, materials, drugs, medical writing, gifts or other services Other financial or non- None

I certify that I have answered every question and have not altered the wording of any of the questions on this form.

Date:	_2023/4/6
Your Name:	Yuguang Huang
Manuscript Title:	Expert consensus on difficult airway assessment
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.

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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.	XNone	
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	XNone	
3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

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5	Payment or honoraria for	XNone			
	lectures, presentations,				
	speakers bureaus,				
	manuscript writing or				
	educational events				
6	Payment for expert	X None			
	testimony				
7	Support for attending	X None			
	meetings and/or travel				
8	Patents planned, issued or	XNone			
	pending				
9	Participation on a Data	XNone			
	Safety Monitoring Board or				
	Advisory Board				
10	Leadership or fiduciary role	X None			
	in other board, society,				
	committee or advocacy			_	
	group, paid or unpaid				
11	Stock or stock options	X None		Г	
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12	Receipt of equipment,	XNone			
	materials, drugs, medical				
	writing, gifts or other				
	services				
13	Other financial or non-	X None			
	financial interests			Т	
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1 100	Please summarize the above conflict of interest in the following box:				
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 \underline{X} I certify that I have answered every question and have not altered the wording of any of the questions on this form.

Date:	_2023/4/6
Your Name:	Hong Jiang
Manuscript Title:	Expert consensus on difficult airway assessment
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.

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	Time frame: Since the initial planning of the work				
1	All support for the present	XNone			
	manuscript (e.g., funding,				
	provision of study materials, medical writing, article				
	processing charges, etc.)				
	No time limit for this item.				
Time frame: past 36 months					
2	Grants or contracts from	XNone			
	any entity (if not indicated				
	in item #1 above).				
3	Royalties or licenses	XNone			
4	Consulting fees	XNone			

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5	Payment or honoraria for	XNone				
	lectures, presentations,					
	speakers bureaus,					
	manuscript writing or					
	educational events					
6	Payment for expert	X None				
	testimony					
7	Support for attending	XNone				
	meetings and/or travel					
_						
8	Patents planned, issued or	X_None				
	pending					
_				_		
9	Participation on a Data	X_None				
	Safety Monitoring Board or					
	Advisory Board					
10	Leadership or fiduciary role	XNone				
	in other board, society,					
	committee or advocacy					
	group, paid or unpaid					
11	Stock or stock options	XNone				
12	Receipt of equipment,	XNone				
	materials, drugs, medical					
	writing, gifts or other					
	services					
13	Other financial or non-	XNone				
	financial interests					
Please summarize the above conflict of interest in the following box:						
1	None					
- 1						

 \underline{X} I certify that I have answered every question and have not altered the wording of any of the questions on this form.