

Section 1. Identifying Information 1. Given Name (First Name) 2. Su	mation 2. Surname (Last Name) 3. Date	
4. Are you the corresponding author?	✓ Yes	
5. Manuscript Title Tracheotomy, Closure of Long-term Tra	5. Manuscript Title Tracheotomy, Closure of Long-term Tracheostomy and Standard Tracheal Segmental Resections	
6. Manuscript Identifying Number (if you know it) JTD-2019-AS-03	(now it)	
Section 2. The Work Under Co	The Work Under Consideration for Publication	
Did you or your institution at any time receive nany aspect of the submitted work (including bustatistical analysis, etc.)? Are there any relevant conflicts of interest?	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 Vo	pt preparation, etc.) for
Section 3. Relevant financial	Relevant financial activities outside the submitted work.	
Place a check in the appropriate boxes in th of compensation) with entities as described clicking the "Add +" box. You should report Are there any relevant conflicts of interest?	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? \square Yes \checkmark No	gardless of amount ines as you need by to publication.
Section 4. Intellectual Proper	Intellectual Property Patents & Copyrights	
Do you have any patents, whether plan	Do you have any patents, whether planned, pending or issued, broadly relevant to the work? 🏻 Yes 🏽	No

Toker

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Section 5.

section 5.	Relationships not covered above
Are there other r potentially influ	Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?
Yes, the follo	Yes, the following relationships/conditions/circumstances are present (explain below): $\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ $
At the time of m On occasion, jou	At the time of manuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements On occasion, journals may ask authors to disclose further information about reported relationships.
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Based on the abbelow.	Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.
Dr. Toker has no	Dr. Toker has nothing to disclose.

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Section 1. Identifying Information	ation	
1. Given Name (First Name) Ankit	2. Surname (Last Name) Dhamija	3. Date 23-March-2020
4. Are you the corresponding author?	Yes No Corresponding Author's Name	thor's Name
5. Manuscript Title Tracheotomy, Closure of Long-term Tra	5. Manuscript Title Tracheotomy, Closure of Long-term Tracheostomy and Standard Tracheal Segmental Resections	al Resections
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Dhamija

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Section 1. Identifying Information	ation	
1. Given Name (First Name) J.W. Awori	2. Surname (Last Name) Hayanga	3. Date 27-March-2020
4. Are you the corresponding author?	Yes ✓ No Correspondii Alper Toker	Corresponding Author's Name Alper Toker
5. Manuscript Title Tracheotomy, Closure of Long-term Tracheostomy and Standard Tracheal Segmental Resections	icheostomy and Standard Tracheal Seg	gmental Resections
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Place a check in the appropriate boxes in th of compensation) with entities as described clicking the "Add +" box. You should report Are there any relevant conflicts of interest?	n the table to indicate whether you ha bed in the instructions. Use one line fo bort relationships that were present d est? Yes No	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
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Dr. Hayanga has nothing to disclose.

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Hayanga W



Section 1.	Identifying Information	ion	
1. Given Name (First Name) Ghulam		2. Surname (Last Name) Abbas	3. Date 27-March-2020
4. Are you the con	4. Are you the corresponding author?	Yes No	Corresponding Author's Name Alper Toker
5. Manuscript Title Tracheotomy, Cl	osure of Long-term Tracl	neostomy and Standard T	5. Manuscript Title Tracheotomy, Closure of Long-term Tracheostomy and Standard Tracheal Segmental Resections
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Section 1. Identifying Information	ation		
1. Given Name (First Name) Robert	2. Surname (Last Name) Herron	3. Date 27-March-2020	2020
4. Are you the corresponding author?	Yes √No Co	Corresponding Author's Name Alper Toker	
5. Manuscript Title Tracheotomy, Closure of Long-term Tracheostomy and Standard Tracheal Segmental Resections	cheostomy and Standard Trac	cheal Segmental Resections	
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