ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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### Section 1. Identifying Information

1. **Given Name (First Name)**
   - Christian

2. **Surname (Last Name)**
   - Ghattas

3. **Date**
   - 06-May-2020

4. **Are you the corresponding author?**
   - [ ] Yes
   - [x] No

5. **Manuscript Title**
   - State of the Art: Percutaneous Tracheostomy in the ICU

6. **Manuscript Identifying Number (if you know it)**

### Section 2. The Work Under Consideration for Publication

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- [ ] Yes
- [x] No

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- [ ] Yes
- [x] No

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Section 6. Disclosure Statement

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Dr. Ghattas has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  
Sammar

2. Surname (Last Name)  
Alsunaid

3. Date  
03-May-2020

4. Are you the corresponding author?  
Yes ✔ No

Corresponding Author’s Name  
Van Holden

5. Manuscript Title  
State of the Art: Percutaneous Tracheostomy in the ICU

6. Manuscript Identifying Number (if you know it)  

Section 2. The Work Under Consideration for Publication

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Dr. Alsunaid has nothing to disclose.

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1. Given Name (First Name)  
   Edward

2. Surname (Last Name)  
   Pickering

3. Date  
   04-May-2020

4. Are you the corresponding author?  
   [ ] Yes  
   ✔ No

   Corresponding Author’s Name  
   Van K. Holden, MD

5. Manuscript Title  
   State of the Art: Percutaneous Tracheostomy in the ICU

6. Manuscript Identifying Number (if you know it)  

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1. **Given Name (First Name)**
   - Van
2. **Surname (Last Name)**
   - Holden
3. **Date**
   - 03-May-2020
4. Are you the corresponding author? [ ] Yes [ ] No

5. **Manuscript Title**
   - State of the Art: Percutaneous Tracheostomy in the ICU

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