ICMJE Form for Disclosure of Potential Conflicts of Interest

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## Section 1. Identifying Information

<table>
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<tr>
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4. Are you the corresponding author? 
   - [ ] Yes
   - [x] No

Corresponding Author's Name
ROSHEN MATHEW

5. Manuscript Title
Tracheobronchial stent sizing and deployment practices
Airway stenting practices around the world: A survey study

6. Manuscript Identifying Number (if you know it)
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- [x] No

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Dr. Hibare has nothing to disclose.

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1. Given Name (First Name)  
ROSHEN

2. Surname (Last Name)  
MATHEW

3. Date  
16-August-2020

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Dr. MATHEW has nothing to disclose.

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