ICMJE Form for Disclosure of Potential Conflicts of Interest

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Section 1. Identifying Information

1. Given Name (First Name)  
   Lingfang

2. Surname (Last Name)  
   Liang

3. Date  
   14-May-2020

4. Are you the corresponding author?  
   ☑ No

Corresponding Author's Name  
Botao Ning and Biru Li

5. Manuscript Title  
The Effect of High-frequency oscillatory ventilation or airway pressure release ventilation on children with acute respiratory distress syndrome as a rescue therapy

6. Manuscript Identifying Number (if you know it)

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Are there any relevant conflicts of interest?  
☑ No

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Section 6. Disclosure Statement

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Dr. Liang has nothing to disclose.

Evaluation and Feedback

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Section 1. Identifying Information

1. Given Name (First Name) Botao
2. Surname (Last Name) Ning
3. Date 14-May-2020
4. Are you the corresponding author? ✔ Yes □ No

5. Manuscript Title
The Effect of High-frequency oscillatory ventilation or airway pressure release ventilation on children with acute respiratory distress syndrome as a rescue therapy
6. Manuscript Identifying Number (if you know it)

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Do you have any patents, whether planned, pending or issued, broadly relevant to the work? □ Yes ✔ No

Ning
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**Section 1. Identifying Information**

1. Given Name (First Name)  
   Yi  

2. Surname (Last Name)  
   Lyu  

3. Date  
   14-May-2020  

4. Are you the corresponding author?  
   Yes  
   ✔  
   No  

Corresponding Author’s Name  
Botao Ning and Biru Li

5. Manuscript Title  
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**Section 4. Intellectual Property -- Patents & Copyrights**

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  
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Dr. Lyu has nothing to disclose.

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1. Given Name (First Name)  
   Ying

2. Surname (Last Name)  
   Yu

3. Date  
   14-May-2020

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   [ ] Yes  ✔ No

Corresponding Author's Name  
Botao Ning and Biru Li

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Section 1. Identifying Information

1. Given Name (First Name)  
   Biru

2. Surname (Last Name)  
   Li

3. Date  
   14-May-2020

4. Are you the corresponding author?  
   ✔ Yes  
   No

5. Manuscript Title  
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