

ICMJE DISCLOSURE FORM

Date: 3/1/2025

Your Name: Massimo Antonelli

Manuscript Title: Nasal High Flow to Modulate Dyspnea in orally intubated weanable patients

Manuscript Number (if known): Blue-202412-2574ED.R1

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

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

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