

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

The purpose of this form is to provide readers of your manuscript with information about your other interests that could influence how they receive and understand your work. The form is designed to be completed electronically and stored electronically. It contains programming that allows appropriate data display. Each author should submit a separate form and is responsible for the accuracy and completeness of the submitted information. The form is in six parts.

1. Identifying information.

2. The work under consideration for publication.

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4. Intellectual Property.

This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

5. Relationships not covered above.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Peter

2. Surname (Last Name)
Kneuertz

3. Date
18-March-2020

4. Are you the corresponding author? ☒ Yes ☐ No

5. Manuscript Title
Patient-reported outcomes in thoracic surgery—opportunities and current challenges

6. Manuscript Identifying Number (if you know it)
JTD-2019-PRO-04

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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 ☒ No

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Section 6. Disclosure Statement

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Dr. Kneuertz has nothing to disclose.

Evaluation and Feedback

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1. Given Name (First Name)
Ann

2. Surname (Last Name)
Scheck McAlearney

3. Date
18-March-2020

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name
Kneuertz

5. Manuscript Title
Patient-reported outcomes in thoracic surgery—opportunities and current challenges

6. Manuscript Identifying Number (if you know it)
JTD-2019-PRO-04

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1. Given Name (First Name) Susan	2. Surname (Last Name) Moffatt-Bruce	3. Date 18-March-2020
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Kneuertz
5. Manuscript Title Patient-reported outcomes in thoracic surgery—opportunities and current challenges		
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