

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Kelsey

2. Surname (Last Name)
Musgrove

3. Date
24-March-2020

4. Are you the corresponding author? Yes No

5. Manuscript Title
Robotic Pulmonary Segmentectomy

6. Manuscript Identifying Number (if you know it)
JTD-2019-RTS-09

Section 2. The Work Under Consideration for Publication

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Dr. Musgrove has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Charlotte	2. Surname (Last Name) Spear	3. Date 24-March-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Dr. Kelsey Musgrove
5. Manuscript Title Robotic Pulmonary Segmentectomy		
6. Manuscript Identifying Number (if you know it) JTD-2019-RTS-09		

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Dr. Spear has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Kamil	2. Surname (Last Name) Abbas	3. Date 24-March-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Ghulam Abbas
5. Manuscript Title Robotic pulmonary segmentectomy		
6. Manuscript Identifying Number (if you know it) JTD-2019-RTS-09		

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Section 1. Identifying Information

1. Given Name (First Name) Britney	2. Surname (Last Name) Harris	3. Date 24-March-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Dr. Kelsey Musgrove
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Ghulam

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Abbas

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24-March-2020

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