

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)
Hironori

2. Surname (Last Name)
Ishida

3. Date
12-June-2020

4. Are you the corresponding author? Yes No

5. Manuscript Title
NEWS technique: Easy and reliable thoracoscopic wedge resections of lung tumors

6. Manuscript Identifying Number (if you know it)
JTD-19-4020

Section 2. The Work Under Consideration for Publication

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Dr. Ishida has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
Akitoshi

2. Surname (Last Name)
Yanagihara

3. Date
05-June-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Hironori Ishida

5. Manuscript Title
NEWS technique: Easy and reliable thoracoscopic wedge resections of lung tumors

6. Manuscript Identifying Number (if you know it)
JTD-19-4020

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Dr. Yanagihara has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Ryo	2. Surname (Last Name) Taguchi	3. Date 08-June-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Hironori Ishida
5. Manuscript Title NEWS technique: Easy and reliable thoracoscopic wedge resections of lung tumors		
6. Manuscript Identifying Number (if you know it) JTD-19-4020		

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Section 1. Identifying Information

1. Given Name (First Name)
Ryuichi

2. Surname (Last Name)
Yoshimura

3. Date
03-June-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Hironori Ishida

5. Manuscript Title
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6. Manuscript Identifying Number (if you know it)
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Dr. Yoshimura has nothing to disclose.

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Tetsuya

2. Surname (Last Name)
Umesaki

3. Date
01-June-2020

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Yes No

Corresponding Author's Name
Hironori Ishida

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