

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

Anne

2. Surname (Last Name)

CHARLOUX

3. Date

15-May-2020

4. Are you the corresponding author?

Yes No

5. Manuscript Title

Should we screen patients for carotid artery disease before lung cancer resection?

6. Manuscript Identifying Number (if you know it)

JTD-20-1117

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest? Yes No

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Dr. CHARLOUX has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)

Cézar

2. Surname (Last Name)

MATAU

3. Date

19-May-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Charloux

5. Manuscript Title

Should we screen patients for carotid artery disease before lung cancer resection?

6. Manuscript Identifying Number (if you know it)

JTD-20-1117

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Dr. MATAU has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

Jérémie

2. Surname (Last Name)

Jégu

3. Date

22-May-2020

4. Are you the corresponding author?

Yes

No

Corresponding Author's Name

Charloux

5. Manuscript Title

Should we screen patients for carotid artery disease before lung cancer resection?

6. Manuscript Identifying Number (if you know it)

JTD-20-1117

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Yes

No

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Yes

No

Section 4. Intellectual Property -- Patents & Copyrights

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Yes

No

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Section 1. Identifying Information

1. Given Name (First Name)
Olivier

2. Surname (Last Name)
Rouyer

3. Date
23-May-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Charloux

5. Manuscript Title

Should we screen patients for carotid artery disease before lung cancer resection?

6. Manuscript Identifying Number (if you know it)

JTD-20-1117

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Section 1. Identifying Information

1. Given Name (First Name) pierre Emmanuel	2. Surname (Last Name) Falcoz	3. Date 14-May-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Charloux
5. Manuscript Title Should we screen patients for carotid artery disease before lung cancer resection?		
6. Manuscript Identifying Number (if you know it) JTD-20-1117		

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Elisabeth

2. Surname (Last Name)

Quoix

3. Date

17-May-2020

4. Are you the corresponding author?

 Yes No

Corresponding Author's Name

Charloux

5. Manuscript Title

Should we screen patients for carotid artery disease before lung cancer resection?

6. Manuscript Identifying Number (if you know it)

JTD-20-1117

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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.)?

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