

## 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) Davide	2. Surname (Last Name) Tosi	3. Date 03-September-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Shehab Mohamed
5. Manuscript Title Intercostal muscle flap to reinforce the bronchial stump after VATS pneumonectomy		
6. Manuscript Identifying Number (if you know it) CCTS-19-22		

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Are there any relevant conflicts of interest?  Yes  No

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Dr. Tosi 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)  
Shehab

2. Surname (Last Name)  
Mohamed

3. Date  
03-September-2019

4. Are you the corresponding author?  Yes  No

5. Manuscript Title  
Intercostal muscle flap to reinforce the bronchial stump after VATS pneumonectomy

6. Manuscript Identifying Number (if you know it)  
CCTS-19-22

### Section 2. The Work Under Consideration for Publication

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Dr. Mohamed has nothing to disclose.

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1. Given Name (First Name) Sara	2. Surname (Last Name) Pieropan	3. Date 03-September-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Shehab Mohamed
5. Manuscript Title Intercostal muscle flap to reinforce the bronchial stump after VATS pneumonectomy		
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## ICMJE Form for Disclosure of Potential Conflicts of Interest

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1. Given Name (First Name) Cristina	2. Surname (Last Name) Diotti	3. Date 03-September-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Shehab Mohamed
5. Manuscript Title Intercostal muscle flap to reinforce the bronchial stump after VATS pneumonectomy		
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