

## 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)  
SOUMYA

2. Surname (Last Name)  
GUHA

3. Date  
05-November-2019

4. Are you the corresponding author?  Yes  No

5. Manuscript Title  
Synchronous multiple primary non-small cell lung cancer or intrapulmonary metastasis from an index lesion: a dilemma—  
case report

6. Manuscript Identifying Number (if you know it)  
CCTS-19-40

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Mr. GUHA has nothing to disclose.

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1. Given Name (First Name)  
ROBERTO

2. Surname (Last Name)  
CASONE

3. Date  
05-November-2019

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name  
SOURYA GUHA

5. Manuscript Title  
Synchronous multiple primary non-small cell lung cancer or intrapulmonary metastasis from an index lesion: a dilemma—  
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6. Manuscript Identifying Number (if you know it)  
CCTS-19-40

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Dr. CASCONE has nothing to disclose.

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1. Given Name (First Name)  
ANNALISA

2. Surname (Last Name)  
CARLUCCI

3. Date  
05-November-2019

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name  
SOU MYA GUHA

5. Manuscript Title  
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Dr. CARLUCCI has nothing to disclose.

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1. Given Name (First Name)  
PANAGIOTA

2. Surname (Last Name)  
KITSANTA

3. Date  
05-November-2019

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Yes  No

Corresponding Author's Name  
SOU MYA GUHA

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SOCCI

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