

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Instructions

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#### 1. Identifying information.

#### 2. The work under consideration for publication.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)

Luca

2. Surname (Last Name)

Bertolaccini

3. Date

17-April-2020

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name

Francesco Zaraca MD

5. Manuscript Title

Thoracic Surgery without Borders: an Italian-German meeting

6. Manuscript Identifying Number (if you know it)

CCTS-2019-TSB-22

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Dr. Bertolaccini has nothing to disclose.

### Evaluation and Feedback

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
Roberto

2. Surname (Last Name)  
Crisci

3. Date  
17-April-2020

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name  
Francesco Zaraca MD

5. Manuscript Title  
Thoracic Surgery without Borders: an Italian-German meeting

6. Manuscript Identifying Number (if you know it)  
CCTS-2019-TSB-22

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1. Given Name (First Name)  
Reinhold

2. Surname (Last Name)  
Perkmann

3. Date  
17-April-2020

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name  
Francesco Zaraca MD

5. Manuscript Title  
Thoracic Surgery without Borders: an Italian-German meeting

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1. Given Name (First Name)  
Francesco

2. Surname (Last Name)  
Zaraca

3. Date  
17-April-2020

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INTERNATIONAL COMMITTEE *of*  
MEDICAL JOURNAL EDITORS

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