

Instructions

The purpose of this form is to provide readers of your manuscript with information about your other interests that could influence how they receive and understand your work. The form is designed to be completed electronically and stored electronically. It contains programming that allows appropriate data display. Each author should submit a separate form and is responsible for the accuracy and completeness of the submitted information. The form is in six parts.

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2. The work under consideration for publication.

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4. Intellectual Property.

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

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Section 1.	Identifying Inform	ation				
1. Given Name (Fii Antonio	rst Name)	2. Surname (Mazzella	Last Name)		3. Date 23-March-2020	
4. Are you the corresponding author?		✓ Yes	No			
· ·	5. Manuscript Title Postpneumonectomy respiratory failure and ARDS: risk factors and outcome					
6. Manuscript Ider SHC-2019-RPTS-	ntifying Number (if you kn 18(SHC-20-58)	ow it)				
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any aspect of the s statistical analysis,	ubmitted work (including	but not limited	services from a third party (gover I to grants, data monitoring boar		mmercial, private foundation, etc.) for sign, manuscript preparation,	
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Section 4.						
Section 4.	Intellectual Proper	ty Patents	s & Copyrights			
Do you have any	patents, whether plani	ned, pending	or issued, broadly relevant to	the work?	☐ Yes ✓ No	

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Section 5. Polationships not severed above		
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Section 6. Disclosure Statement		
Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.		
Dr. Mazzella has nothing to disclose.Dr. Mazzella has nothing to disclose.		

Evaluation and Feedback

Please visit http://www.icmje.org/cgi-bin/feedback to provide feedback on your experience with completing this form.

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Lo lacono 1



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Alifano 1



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