

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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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 Information

1. Given Name (First Name)

Loretta

2. Surname (Last Name)

Erhunmwunsee

3. Date

16-April-2020

4. Are you the corresponding author?

Yes No

5. Manuscript Title

Socioeconomic, Rural, and Insurance-based Inequities in Robotic Lung Cancer Resections

6. Manuscript Identifying Number (if you know it)

VATS-2019-RSLC-08

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Dr. Erhunmwunsee has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Prasha	2. Surname (Last Name) Bhandari	3. Date 16-April-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Loretta Erhunmwunsee
5. Manuscript Title Socioeconomic, rural, and insurance-based inequities in robotic lung cancer resections		
6. Manuscript Identifying Number (if you know it) VATS-2019-RSLC-08		

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Section 1. Identifying Information

1. Given Name (First Name) Ernesto	2. Surname (Last Name) Sosa	3. Date 16-April-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Loretta Erhunmwunsee
5. Manuscript Title Socioeconomic, rural, and insurance-based inequities in robotic lung cancer resections		
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1. Given Name (First Name) Melissa	2. Surname (Last Name) Sur	3. Date 16-April-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Loretta Erhunmwunsee
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4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Loretta Erhunmwunsee, M.D.
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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Natalie

2. Surname (Last Name) Lui

3. Date 16-April-2020

4. Are you the corresponding author? Yes No Corresponding Author's Name Loretta Erhunmwunsee

5. Manuscript Title Socioeconomic, Rural, and Insurance-based Inequities in Robotic Lung Cancer Resections

6. Manuscript Identifying Number (if you know it) VATS-2019-RSLC-08

Section 2. The Work Under Consideration for Publication

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.)?

Are there any relevant conflicts of interest? Yes No

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Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the "Add +" box. You should report relationships that were **present during the 36 months prior to publication**.

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Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Dr. Lui reports non-financial support from Intuitive Surgical, outside the submitted work; .

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