

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Kelsey

2. Surname (Last Name)
Musgrove

3. Date
01-April-2020

4. Are you the corresponding author? Yes No

5. Manuscript Title
Superiorities of Robotic Segmentectomy: A Review

6. Manuscript Identifying Number (if you know it)
VATS-2019-RCS-06(VATS-20-20)

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Dr. Musgrove has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Jad	2. Surname (Last Name) Abdelsattar	3. Date 01-April-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Dr. Kelsey Musgrove
5. Manuscript Title Superiorities of Robotic Segmentectomy: A Review		
6. Manuscript Identifying Number (if you know it) VATS-2019-RCS-06(VATS-20-20)		

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Dr. Abdelsattar has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Charlotte	2. Surname (Last Name) Spear	3. Date 01-April-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Dr. Kelsey Musgrove
5. Manuscript Title Superiorities of Robotic Segmentectomy: A Review		
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1. Given Name (First Name) Neel	2. Surname (Last Name) Sharma	3. Date 01-April-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Dr. Kelsey Musgrove
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1. Given Name (First Name) Alper	2. Surname (Last Name) Toker	3. Date 01-April-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Dr. Kelsey Musgrove
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Royalties: Funds are coming in to you or your institution due to your patent

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Section 1. Identifying Information

1. Given Name (First Name) Ghulam	2. Surname (Last Name) Abbas	3. Date 01-April-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Dr. Kelsey Musgrove
5. Manuscript Title Superiorities of Robotic Segmentectomy: A Review		
6. Manuscript Identifying Number (if you know it) VATS-2019-RCS-06(VATS-20-20)		

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. Abbas has nothing to disclose.

Evaluation and Feedback

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