

ICMJE Form for Disclosure of Potential Conflicts of Interest

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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Royalties: Funds are coming in to you or your institution due to your patent

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Felipe	2. Surname (Last Name) Unigarro Londoño	3. Date 28-August-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Laureano Molins
5. Manuscript Title PERIOPERATIVE ANAESTHETIC MANAGEMENT OF PATIENTS UNDERGOING THORACIC CYTOREDUCTIVE SURGERY AND HITHOC		
6. Manuscript Identifying Number (if you know it) ATM-2020-HITHOC-04(ATM-20-6221)		

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Are there any relevant conflicts of interest? Yes No

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Dr. Unigarro Londoño 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) Ricard	2. Surname (Last Name) Navarro Ripoll	3. Date 28-August-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Laureano Molins
5. Manuscript Title PERIOPERATIVE ANAESTHETIC MANAGEMENT OF PATIENTS UNDERGOING THORACIC CYTOREDUCTIVE SURGERY AND HITHOC		
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Dr. Navarro Ripoll has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

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1. Given Name (First Name) David	2. Surname (Last Name) Sanchez-Lorente	3. Date 29-August-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Laureano Molins
5. Manuscript Title PERIOPERATIVE ANAESTHETIC MANAGEMENT OF PATIENTS UNDERGOING THORACIC CYTOREDUCTIVE SURGERY AND HITHOC		
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Section 1. Identifying Information

1. Given Name (First Name)

LAUREANO

2. Surname (Last Name)

MOLINS

3. Date

28-August-2020

4. Are you the corresponding author?

Yes No

5. Manuscript Title

PERIOPERATIVE ANAESTHETIC MANAGEMENT OF PATIENTS UNDERGOING THORACIC CYTOREDUCTIVE SURGERY AND HITHOC

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