

## 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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#### 4. Intellectual Property.

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)  
Hiroyuki

2. Surname (Last Name)  
Oizumi

3. Date  
21-June-2018

4. Are you the corresponding author?  Yes  No

5. Manuscript Title  
Port-access thoracoscopic anatomical left S3 segmentectomy

6. Manuscript Identifying Number (if you know it)  
JOVS-2018-USG-04

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Are there any relevant conflicts of interest?  Yes  No

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Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  Yes  No

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Dr. Oizumi has nothing to disclose.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Hirohisa	2. Surname (Last Name) Kato	3. Date 21-June-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Hiroyuki Oizumi
5. Manuscript Title Port-access thoracoscopic anatomical left S3 segmentectomy		
6. Manuscript Identifying Number (if you know it) JOVS-2018-USG-04		

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Dr. Kato has nothing to disclose.

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1. Given Name (First Name) Jun	2. Surname (Last Name) Suzuki	3. Date 21-June-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Hiroyuki Oizumi
5. Manuscript Title Port-access thoracoscopic anatomical left S3 segmentectomy		
6. Manuscript Identifying Number (if you know it) JOVS-2018-USG-04		

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Dr. Suzuki has nothing to disclose.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Akira	2. Surname (Last Name) Hamada	3. Date 21-June-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Hiroyuki Oizumi
5. Manuscript Title Port-access thoracoscopic anatomical left S3 segmentectomy		
6. Manuscript Identifying Number (if you know it) JOVS-2018-USG-04		

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Dr. Hamada has nothing to disclose.

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### Section 1. Identifying Information

1. Given Name (First Name) Kenta	2. Surname (Last Name) Nakahashi	3. Date 21-June-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Hiroyuki Oizumi
5. Manuscript Title Port-access thoracoscopic anatomical left S3 segmentectomy		
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Dr. Nakahashi has nothing to disclose.

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**Entity:** government agency, foundation, commercial sponsor, academic institution, etc.

**Grant:** A grant from an entity, generally [but not always] paid to your organization

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**Pending:** The patent has been filed but not issued

**Issued:** The patent has been issued by the agency

**Licensed:** The patent has been licensed to an entity, whether earning royalties or not

**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) Mitsuaki	2. Surname (Last Name) Sadahiro	3. Date 21-June-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Hiroyuki Oizumi
5. Manuscript Title Port-access thoracoscopic anatomical left S3 segmentectomy		
6. Manuscript Identifying Number (if you know it) JOVS-2018-USG-04		

### 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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At the time of manuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements. On occasion, journals may ask authors to disclose further information about reported relationships.

### 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. Sadahiro has nothing to disclose.

### Evaluation and Feedback

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