

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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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) Leonardo	2. Surname (Last Name) Frajhof	3. Date 05-June-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Rui Haddad
5. Manuscript Title Virtual reality, mixed reality and augmented reality in surgical planning for video or robotically assisted thoracoscopic anatomic resections for treatment of lung cancer		
6. Manuscript Identifying Number (if you know it)		

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Dr. Frajhof 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) Joao

2. Surname (Last Name) Borges

3. Date 05-June-2018

4. Are you the corresponding author? Yes No Corresponding Author's Name Rui Haddad

5. Manuscript Title Virtual reality, mixed reality and augmented reality in surgical planning for video or robotically assisted thoracoscopic anatomic resections for treatment of lung cancer

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Are there any relevant conflicts of interest? Yes No

If yes, please fill out the appropriate information below. If you have more than one entity press the "ADD" button to add a row. Excess rows can be removed by pressing the "X" button.

Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
M3DMIX	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	CEO

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Dr. Borges reports other from M3DMIX, during the conduct of the study; .

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Section 1. Identifying Information

1. Given Name (First Name)
Elias

2. Surname (Last Name)
Cantarelli Hoffmann

3. Date
05-June-2018

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Rui Haddad

5. Manuscript Title
Virtual reality, mixed reality and augmented reality in surgical planning for video or robotically assisted thoracoscopic anatomic resections for treatment of lung cancer

6. Manuscript Identifying Number (if you know it)
JOVS-18-174

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Dr. Cantarelli Hoffmann has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Jorge Roberto Lopes	2. Surname (Last Name) dos Santos	3. Date 05-June-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Rui Haddad
5. Manuscript Title Virtual reality, mixed reality and augmented reality in surgical planning for video or robotically assisted thoracoscopic anatomic resections for treatment of lung cancer		
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Dr. dos Santos has nothing to disclose.

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RUI

2. Surname (Last Name)
HADDAD

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05-June-2018

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