

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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4. Intellectual Property.

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Section 1. Identifying Information

1. Given Name (First Name)
Dario

2. Surname (Last Name)
Amore

3. Date
07-October-2018

4. Are you the corresponding author? Yes No

5. Manuscript Title
Lobar torsion after thoracoscopic upper bilobectomy: report of a case

6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

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Dr. Amore 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) Antonio	2. Surname (Last Name) Molino	3. Date 07-October-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Dario Amore
5. Manuscript Title Lobar torsion after thoracoscopic upper bilobectomy: report of a case		
6. Manuscript Identifying Number (if you know it)		

Section 2. The Work Under Consideration for Publication

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Dr. Molino has nothing to disclose.

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1. Given Name (First Name) Dino	2. Surname (Last Name) Casazza	3. Date 07-October-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Dario Amore
5. Manuscript Title Lobar torsion after thoracoscopic upper bilobectomy: report of a case		
6. Manuscript Identifying Number (if you know it)		

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Section 1. Identifying Information

1. Given Name (First Name)

Umberto

2. Surname (Last Name)

Caterino

3. Date

07-October-2018

4. Are you the corresponding author?

Yes

No

Corresponding Author's Name

Dario Amore

5. Manuscript Title

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6. Manuscript Identifying Number (if you know it)

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1. Given Name (First Name) Roberto	2. Surname (Last Name) Scaramuzzi	3. Date 07-October-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Dario Amore
5. Manuscript Title Lobar torsion after thoracoscopic upper bilobectomy: report of a case		
6. Manuscript Identifying Number (if you know it)		

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Are there any relevant conflicts of interest? Yes No

Section 4. Intellectual Property -- Patents & Copyrights

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

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Dr. Scaramuzzi has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Davide	2. Surname (Last Name) Di Natale	3. Date 07-October-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Dario Amore
5. Manuscript Title Lobar torsion after thoracoscopic upper bilobectomy: report of a case		
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Section 1. Identifying Information

1. Given Name (First Name) Albina	2. Surname (Last Name) Palma	3. Date 07-October-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Dario Amore
5. Manuscript Title Lobar torsion after thoracoscopic upper bilobectomy: report of a case		
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Are there any relevant conflicts of interest? Yes No

Section 4. Intellectual Property -- Patents & Copyrights

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Section 1. Identifying Information

1. Given Name (First Name) Pasquale	2. Surname (Last Name) Imitazione	3. Date 07-October-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Dario Amore
5. Manuscript Title Lobar torsion after thoracoscopic upper bilobectomy: report of a case		
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