

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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Section 1. Identifying Information

1. Given Name (First Name)
Spencer

2. Surname (Last Name)
Camargo

3. Date
04-October-2018

4. Are you the corresponding author? Yes No

5. Manuscript Title
Video-assisted thoracic surgery segmentectomies: Brazilian experience

6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

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Dr. Camargo has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Stephan	2. Surname (Last Name) Soder	3. Date 04-October-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Spencer Marcantonio Camargo
5. Manuscript Title Video-assisted thoracic surgery segmentectomies: Brazilian experience		
6. Manuscript Identifying Number (if you know it)		

Section 2. The Work Under Consideration for Publication

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Fabiola

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Perin

3. Date
04-October-2018

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Corresponding Author's Name
Spencer Marcantonio Camargo

5. Manuscript Title
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1. Given Name (First Name) José	2. Surname (Last Name) Felicetti	3. Date 04-October-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Spencer Marcantonio Camargo
5. Manuscript Title Video-assisted thoracic surgery segmentectomies: Brazilian experience		
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