

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Instructions

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### Section 1. Identifying Information

1. Given Name (First Name)  
Otávio

2. Surname (Last Name)  
Gastal

3. Date  
10-September-2018

4. Are you the corresponding author?  Yes  No

5. Manuscript Title  
Uniportal video-assisted thoracic surgery: Pelotas—RS, Brazil, 2018

6. Manuscript Identifying Number (if you know it)

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Dr. Gastal has nothing to disclose.

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### Section 1. Identifying Information

1. Given Name (First Name)

Ricardo

2. Surname (Last Name)

Haack

3. Date

10-September-2018

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name

Otávio Leite Gastal

5. Manuscript Title

Uniportal video-assisted thoracic surgery: Pelotas—RS, Brazil, 2018

6. Manuscript Identifying Number (if you know it)

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Dr. Haack has nothing to disclose.

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### Section 1. Identifying Information

1. Given Name (First Name) Diego	2. Surname (Last Name) Gonzales Rivas	3. Date 10-September-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Otávio Leite Gastal
5. Manuscript Title Uniportal video-assisted thoracic surgery: Pelotas—RS, Brazil, 2018		
6. Manuscript Identifying Number (if you know it)		

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1. Given Name (First Name)

Laura

2. Surname (Last Name)

Rotta

3. Date

10-September-2018

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name

Otávio Leite Gastal

5. Manuscript Title

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1. Given Name (First Name) Izabel	2. Surname (Last Name) de Oliveira Karam	3. Date 10-September-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Otávio Leite Gastal
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