

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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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)
Waseem

2. Surname (Last Name)
Hajjar

3. Date
20-February-2019

4. Are you the corresponding author? Yes No

5. Manuscript Title
Uniportal video-assisted thoracoscopic lobectomy surgery for lung cancer—case report

6. Manuscript Identifying Number (if you know it)
JOVS-19-24

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Dr. Hajjar has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Budoor	2. Surname (Last Name) AlSalman	3. Date 20-February-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Waseem M. Hajjar
5. Manuscript Title Uniportal video-assisted thoracoscopic lobectomy surgery for lung cancer—case report		
6. Manuscript Identifying Number (if you know it) JOVS-19-24		

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Dr. AlSalman has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Norah	2. Surname (Last Name) AlNajashi	3. Date 20-February-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Waseem M. Hajjar
5. Manuscript Title Uniportal video-assisted thoracoscopic lobectomy surgery for lung cancer—case report		
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1. Given Name (First Name) Adnan	2. Surname (Last Name) Hajjar	3. Date 20-February-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Waseem M. Hajjar
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1. Given Name (First Name) Sami	2. Surname (Last Name) Al-Nassar	3. Date 20-February-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Waseem M. Hajjar
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Section 1. Identifying Information

1. Given Name (First Name) Diego	2. Surname (Last Name) Gonzalez-Rivas	3. Date 20-February-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Waseem M. Hajjar
5. Manuscript Title Uniportal video-assisted thoracoscopic lobectomy surgery for lung cancer—case report		
6. Manuscript Identifying Number (if you know it) JOVS-19-24		

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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Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?

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Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Dr. Gonzalez-Rivas has nothing to disclose.

Evaluation and Feedback

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