

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Ahmed

2. Surname (Last Name)
Elkhouly

3. Date
23-April-2019

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name
E. Pompeo

5. Manuscript Title
Minimalist three-dimensional thoracoscopic
extended thymomectomy in a patient with myasthenia gravis

6. Manuscript Identifying Number (if you know it)
JOVS-18-409

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Dr. Elkhoully 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)
Benedetto

2. Surname (Last Name)
Cristino

3. Date
23-April-2019

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name
E. Pompeo

5. Manuscript Title
Minimalist three-dimensional thoracoscopic
extended thymomectomy in a patient with myasthenia gravis

6. Manuscript Identifying Number (if you know it)
JOVS-18-409

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Dr. Cristino has nothing to disclose.

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1. Given Name (First Name)

Abdullah

2. Surname (Last Name)

Alhasan

3. Date

23-April-2019

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name

E. Pompeo

5. Manuscript Title

Minimalist three-dimensional thoracoscopic
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JOVS-18-409

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Mario

2. Surname (Last Name)
Dauri

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23-April-2019

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☐ Yes

☒ No

Corresponding Author's Name
E. Pompeo

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Section 1. Identifying Information

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Eugenio

2. Surname (Last Name)
Pompeo

3. Date
23-April-2019

4. Are you the corresponding author? ☒ Yes ☐ No

5. Manuscript Title
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