

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

The purpose of this form is to provide readers of your manuscript with information about your other interests that could influence how they receive and understand your work. The form is designed to be completed electronically and stored electronically. It contains programming that allows appropriate data display. Each author should submit a separate form and is responsible for the accuracy and completeness of the submitted information. The form is in six parts.

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4. Intellectual Property.

This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

5. Relationships not covered above.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Joseph

2. Surname (Last Name)
Loughlin

3. Date
13-June-2019

4. Are you the corresponding author? Yes No

5. Manuscript Title
Thoracoscopic laser pulmonary metastasectomy

6. Manuscript Identifying Number (if you know it)
JOVS-2019-ASTPM-13

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest? Yes No

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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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Section 6. Disclosure Statement

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

Dr. Loughlin has nothing to disclose.

Evaluation and Feedback

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Section 1. Identifying Information

1. Given Name (First Name) Katie	2. Surname (Last Name) O'Sullivan	3. Date 13-June-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Joseph B. Mc Loughlin
5. Manuscript Title Thoracoscopic laser pulmonary metastasectomy		
6. Manuscript Identifying Number (if you know it) JOVS-2019-ASTPM-13		

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest? Yes No

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Dr. O'Sullivan has nothing to disclose.

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1. Given Name (First Name) Rachel	2. Surname (Last Name) Brown	3. Date 13-June-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Joseph B. Mc Loughlin
5. Manuscript Title Thoracoscopic laser pulmonary metastasectomy		
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4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Joseph B. Mc Loughlin
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