

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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Section 1. Identifying Information

1. Given Name (First Name)
Yukiyasu

2. Surname (Last Name)
Takeuchi

3. Date
20-April-2020

4. Are you the corresponding author? Yes No

5. Manuscript Title
Treatment strategy for empyema with fistulas

6. Manuscript Identifying Number (if you know it)
JOVS-2019-JACS-05(JOVS-19-167)

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Dr. Takeuchi has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Akio	2. Surname (Last Name) Hyashi	3. Date 20-April-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Yukiyasu Takeuchi
5. Manuscript Title Treatment strategy for empyema with fistulas		
6. Manuscript Identifying Number (if you know it) JOVS-2019-JACS-05(JOVS-19-167)		

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Dr. Hyashi has nothing to disclose.

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1. Given Name (First Name) Yuko	2. Surname (Last Name) Kagawa	3. Date 20-April-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Yukiyasu Takeuchi
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