

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Instructions

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#### 2. The work under consideration for publication.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
Diego

2. Surname (Last Name)  
Gonzalez Rivas

3. Date  
27-April-2020

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name  
Ariel Zhu

5. Manuscript Title  
First Myanmar uniportal video-assisted thoracic surgery masterclass

6. Manuscript Identifying Number (if you know it)  
JOVS-19-184

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Are there any relevant conflicts of interest? ☐ Yes ☒ No

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Dr. Gonzalez Rivas has nothing to disclose.

### Evaluation and Feedback

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
Tint

2. Surname (Last Name)  
Zaw Oo

3. Date  
27-April-2020

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name  
Ariel Zhu

5. Manuscript Title  
First Myanmar uniportal video-assisted thoracic surgery masterclass

6. Manuscript Identifying Number (if you know it)  
JOVS-19-184

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Dr. Zaw Oo has nothing to disclose.

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1. Given Name (First Name)  
Godwin

2. Surname (Last Name)  
Lew

3. Date  
27-April-2020

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name  
Ariel Zhu

5. Manuscript Title  
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1. Given Name (First Name)  
Ariel

2. Surname (Last Name)  
Zhu

3. Date  
27-April-2020

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