## **ICMJE DISCLOSURE FORM**

Date:\_\_\_\_\_7-5-2021\_\_\_\_\_

Consulting fees

\_x\_\_None

You	r Name:René Horsleben	Petersen				
Mar	nuscript Title: Left basilar	<b>VATS</b> segmentectomy	for intra lobar pulmonary sequestration using			
ind	ocyanine green for ide	ntification of the inter	segmental plane			
Manuscript number (if known): JOVS-2021-VATSS-01						
relared to the related The man to the total total related to the r	ted to the content of your name ites whose interests may be ransparency and does not not interest, in tionship/activity/interest, in following questions apply the suscript only.  author's relationships/activity endemiology of hyperted iteation, even if that medicate the supplemental supplemental to the supplemental	nanuscript. "Related" mean affected by the content of ecessarily indicate a bias. It is preferable that you do to the author's relationship wities/interests should be do nsion, you should declare a ation is not mentioned in the	s/activities/interests as they relate to the <u>current</u> lefined broadly. For example, if your manuscript pertains all relationships with manufacturers of antihypertensive			
	the time frame for disclosure is the past 36 months.					
		Name all entities with	Specifications/Comments			
		whom you have this	(e.g., if payments were made to you or to your			
		whom you have this relationship or indicate				
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		whom you have this relationship or indicate none (add rows as	(e.g., if payments were made to you or to your institution)			
	All support for the present	whom you have this relationship or indicate none (add rows as needed)	(e.g., if payments were made to you or to your institution)			
the	manuscript (e.g., funding,	whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initia	(e.g., if payments were made to you or to your institution)			
the	manuscript (e.g., funding, provision of study materials,	whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initia	(e.g., if payments were made to you or to your institution)			
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the	manuscript (e.g., funding, provision of study materials, medical writing, article	whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initia	(e.g., if payments were made to you or to your institution)			
the	manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)	whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initia	(e.g., if payments were made to you or to your institution)			
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5	Payment or honoraria for	None	Speaker fee from Medtronic outside the submitted work			
	lectures, presentations,					
	speakers bureaus,					
	manuscript writing or					
	educational events					
6	Payment for expert	xNone				
	testimony					
7	Support for attending meetings and/or travel	xNone				
8	Patents planned, issued or	x None				
	pending					
9	Participation on a Data	None	Advisory Board AstraZeneca			
	Safety Monitoring Board or					
	Advisory Board					
10	Leadership or fiduciary role	xNone				
	in other board, society,					
	committee or advocacy					
	group, paid or unpaid					
11	Stock or stock options	xNone				
12	Receipt of equipment,	_xNone				
	materials, drugs, medical					
	writing, gifts or other					
	services					
13	Other financial or non- financial interests	x_None				
DI.						
Plea	Please summarize the above conflict of interest in the following box:					
\	Speaker fee from Medtronic outside the submitted work. Advisory Board AstraZeneca					

Please place an "X" next to the following statement to indicate your agreement:

\_\_x\_ I certify that I have answered every question and have not altered the wording of any of the questions on this form.