

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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4. Intellectual Property.

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

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

Takahiro

2. Surname (Last Name)

Homma

3. Date

20-November-2020

4. Are you the corresponding author?

Yes No

5. Manuscript Title

Adverse factors and postoperative neuropathic pain in challenging video-assisted thoracoscopic surgery

6. Manuscript Identifying Number (if you know it)

APM-20-1729

Section 2. The Work Under Consideration for Publication

Did you or your institution **at any time** receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

Are there any relevant conflicts of interest? Yes No

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Dr. Homma has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Yoshifumi	2. Surname (Last Name) Shimada	3. Date 20-November-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Takahiro Homma
5. Manuscript Title Adverse factors and postoperative neuropathic pain in challenging video-assisted thoracoscopic surgery		
6. Manuscript Identifying Number (if you know it) APM-20-1729		

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Section 1. Identifying Information

1. Given Name (First Name) Keitaro	2. Surname (Last Name) Tanabe	3. Date 20-November-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Takahiro Homma
5. Manuscript Title Adverse factors and postoperative neuropathic pain in challenging video-assisted thoracoscopic surgery		
6. Manuscript Identifying Number (if you know it) APM-20-1729		

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Dr. Tanabe has nothing to disclose.

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1. Given Name (First Name) Yushi	2. Surname (Last Name) Akemoto	3. Date 20-November-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Takahiro Homma
5. Manuscript Title Adverse factors and postoperative neuropathic pain in challenging video-assisted thoracoscopic surgery		
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1. Given Name (First Name) Toshihiro	2. Surname (Last Name) Ojima	3. Date 20-November-2020
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1. Given Name (First Name)

Yutaka

2. Surname (Last Name)

Yamamoto

3. Date

20-November-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Takahiro Homma

5. Manuscript Title

Adverse factors and postoperative neuropathic pain in challenging video-assisted thoracoscopic surgery

6. Manuscript Identifying Number (if you know it)

APM-20-1729

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Are there any relevant conflicts of interest? Yes No

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4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Takahiro Homma
5. Manuscript Title Adverse factors and postoperative neuropathic pain in challenging video-assisted thoracoscopic surgery		
6. Manuscript Identifying Number (if you know it) APM-20-1729		

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1. Given Name (First Name) Naoki	2. Surname (Last Name) Yoshimura	3. Date 20-November-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Takahiro Homma
5. Manuscript Title Adverse factors and postoperative neuropathic pain in challenging video-assisted thoracoscopic surgery		
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