

ICMJE DISCLOSURE FORM

Date: May 17th, 2021

Your Name: Sirilak Suksompong

Manuscript Title: Low Dose Intraoperative Ketamine Infusion with Multilevel Paravertebral Block for Pain after Video-assisted Thoracic Surgery: A Randomized-Controlled Study

Manuscript number (if known): APM-21-766-CL

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

The following questions apply to the author's relationships/activities/interests as they relate to the current manuscript only.

The author's relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

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		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
Time frame: Since the initial planning of the work			
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	<u>__X__</u> None	
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<u>__X__</u> None	
3	Royalties or licenses	<u>__X__</u> None	
4	Consulting fees	<u>__X__</u> None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
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11	Stock or stock options	<input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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None.

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

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



ICMJE DISCLOSURE FORM

Date: May 19, 2021

Your Name: Nophanan Chaikittisilpa

Manuscript Title: Low Dose Intraoperative Ketamine Infusion with Multilevel Paravertebral Block for Pain after Video-assisted Thoracic Surgery: A Randomized-Controlled Study

Manuscript number (if known): APM-21-766-CL

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Nophanan Chaikittisilpa

ICMJE DISCLOSURE FORM

Date: May 17th, 2021

Your Name: Suthatip Wanchiang

Manuscript Title: Low Dose Intraoperative Ketamine Infusion with Multilevel Paravertebral Block for Pain after Video-assisted Thoracic Surgery: A Randomized-Controlled Study

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สลทิพย์ จันทะพงษ์
 (นาง สลทิพย์ จันทะพงษ์)

ICMJE DISCLOSURE FORM

Date: May 17th, 2021

Your Name: Suppachai Poolsuppasit

Manuscript Title: Low Dose Intraoperative Ketamine Infusion with Multilevel Paravertebral Block for Pain after Video-assisted Thoracic Surgery: A Randomized-Controlled Study

Manuscript number (if known): _____

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Suppachai Paolsuppasit

ICMJE DISCLOSURE FORM

Date: May 17th, 2021
 Your Name: Punnarek Thongcharoen
 Manuscript Title: Low Dose Intraoperative Ketamine Infusion with Multilevel Paravertebral Block for Pain after Video-assisted Thoracic Surgery: A Randomized-Controlled Study
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P. Myer

ICMJE DISCLOSURE FORM

Date: May 17th, 2021

Your Name: Panop Limratana

Manuscript Title: Low Dose Intraoperative Ketamine Infusion with Multilevel Paravertebral Block for Pain after Video-assisted Thoracic Surgery: A Randomized-Controlled Study

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