

Instructions

The purpose of this form is to provide readers of your manuscript with information about your other interests that could influence how they receive and understand your work. The form is designed to be completed electronically and stored electronically. It contains programming that allows appropriate data display. Each author should submit a separate form and is responsible for the accuracy and completeness of the submitted information. The form is in six parts.

Identifying information.

2. The work under consideration for publication.

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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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earning royalties or not

Royalties: Funds are coming in to you or your institution due to your

patent

Schiavon 1



Section 1.	Identifying Inform	ation				
Given Name (First Name) Marco		2. Surname (Last Name) Schiavon		3. Date 16-August	-2017	
4. Are you the corresponding author?		✓ Yes No				
•	5. Manuscript Title Robotic approach for mediastinal lesions: the surgery of extreme locations					
·	6. Manuscript Identifying Number (if you know it) MED-2017-03(28463584-JZQ-003-E)					
Section 2.	The Work Under Co	onsideration 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 Vo						
Section 3.	Relevant financial	activities outside	the submitted work.			
of compensation clicking the "Add) with entities as descri	bed in the instruction relationships the	ate whether you have financions. Use one line for each enat were present during th o	ntity; add as many	lines as you need by	
Section 4.	Intellectual Proper	ty Patents & Co	opyrights			
Do you have any	Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes Vo					

Schiavon 2



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Dr. Schiavon has nothing to disclose.

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Schiavon 3



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Comacchio 1



Section 1.	Identifying Inform	nation		
1. Given Name (Fi Giovanni Maria	rst Name)	Surname (Last Name) Comacchio		3. Date 16-August-2017
4. Are you the corresponding author?		Yes ✓ No	Corresponding Author's Name Marco Schiavon	
5. Manuscript Title Robotic approac		ns: the surgery of extreme	locations	
•	ntifying Number (if you kr 3463584-JZQ-003-E)	now it)		
Section 2.	The Work Under Co	onsideration for Public	cation	
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Section 3.	Relevant financial	activities outside the s	submitted work.	
of compensation clicking the "Add) with entities as descri	ibed in the instructions. Us port relationships that wer		tionships (regardless of amount dd as many lines as you need by onths prior to publication.
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Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes Vo				

Comacchio 2



Section 5. Relationships not covered above
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Marulli 1



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4. Are you the corresponding author?		Yes ✓ No	Corresponding Author's Name Marco Schiavon	
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			-	
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Marulli 2



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Rea 1



Section 1. Identifyi	ng Information					
1. Given Name (First Name) Federico	2. Surname (Last Name) Rea	3. Date 16-August-2017				
4. Are you the corresponding a	uthor? Yes V No	Corresponding Author's Name Marco Schiavon				
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Rea 2



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