

## 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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#### 4. Intellectual Property.

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

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

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
Alper

2. Surname (Last Name)  
Toker

3. Date  
05-April-2018

4. Are you the corresponding author?  Yes  No

5. Manuscript Title  
Minimally invasive resection of thymoma

6. Manuscript Identifying Number (if you know it)  
MED-2017-MIT-05

### 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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Are there any relevant conflicts of interest?  Yes  No

### Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  Yes  No

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Dr. Toker 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)<br>Erkan                                  | 2. Surname (Last Name)<br>Kaba                                      | 3. Date<br>05-April-2018                   |
| 4. Are you the corresponding author?                                 | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Corresponding Author's Name<br>Alper Toker |
| 5. Manuscript Title<br>Minimally invasive resection of thymoma       |   |  |
| 6. Manuscript Identifying Number (if you know it)<br>MED-2017-MIT-05 |   |  |

### 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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### Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  Yes  No

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Dr. Kaba 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)  
Kemal

2. Surname (Last Name)  
Ayalp

3. Date  
05-April-2018

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name  
Alper Toker

5. Manuscript Title  
Minimally invasive resection of thymoma

6. Manuscript Identifying Number (if you know it)  
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Dr. Ayalp has nothing to disclose.

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|  |   |  |
|--|---|--|
| 1. Given Name (First Name)<br>Tugba                                  | 2. Surname (Last Name)<br>Cosgun                                    | 3. Date<br>05-April-2018                   |
| 4. Are you the corresponding author?                                 | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Corresponding Author's Name<br>Alper Toker |
| 5. Manuscript Title<br>Minimally invasive resection of thymoma       |   |  |
| 6. Manuscript Identifying Number (if you know it)<br>MED-2017-MIT-05 |   |  |

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Dr. Cosgun has nothing to disclose.

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|  |   |  |
|--|---|--|
| 1. Given Name (First Name)<br>Mazen Rasmi                            | 2. Surname (Last Name)<br>Alomari                                   | 3. Date<br>05-April-2018                   |
| 4. Are you the corresponding author?                                 | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Corresponding Author's Name<br>Alper Toker |
| 5. Manuscript Title<br>Minimally invasive resection of thymoma       |   |  |
| 6. Manuscript Identifying Number (if you know it)<br>MED-2017-MIT-05 |   |  |

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Dr. Alomari has nothing to disclose.

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