

ICMJE Form for Disclosure of Potential Conflicts of Interest

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.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Aldo

2. Surname (Last Name)
Carnevale

3. Date
08-May-2018

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Mario Silva

5. Manuscript Title

A novel prediction model for the probability of mediastinal lymph node metastases detected by endobronchial ultrasound-transbronchial needle aspiration in non-small cell lung cancer: possible applications in clinical decision-making

6. Manuscript Identifying Number (if you know it)

MED-2018-07

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Dr. Carnevale has nothing to disclose.

Evaluation and Feedback

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Section 1. Identifying Information

1. Given Name (First Name)
Gianluca

2. Surname (Last Name)
Milanese

3. Date
08-May-2018

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Mario Silva

5. Manuscript Title

A novel prediction model for the probability of mediastinal lymph node metastases detected by endobronchial ultrasound-transbronchial needle aspiration in non-small cell lung cancer: possible applications in clinical decision-making

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Dr. Milanese has nothing to disclose.

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1. Given Name (First Name)
Nicola

2. Surname (Last Name)
Sverzellati

3. Date
08-May-2018

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Mario Silva

5. Manuscript Title

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1. Given Name (First Name)
Mario

2. Surname (Last Name)
Silva

3. Date
08-May-2018

4. Are you the corresponding author? Yes No

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