

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Instructions

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#### 1. 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.

#### 5. Relationships not covered above.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
Marcin

2. Surname (Last Name)  
Zieliński

3. Date  
09-May-2018

4. Are you the corresponding author?  Yes  No

5. Manuscript Title  
Video-assisted thoracic surgery thymectomy: subxiphoid approach

6. Manuscript Identifying Number (if you know it)  
MED-2017-MIT-08

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Dr. Zieliński has nothing to disclose.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)

Pawel

2. Surname (Last Name)

Gwozdz

3. Date

09-May-2018

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name

Marcin Zieliński

5. Manuscript Title

Video-assisted thoracic surgery thymectomy: subxiphoid approach

6. Manuscript Identifying Number (if you know it)

MED-2017-MIT-08

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### Section 1. Identifying Information

1. Given Name (First Name)  
Katarzyna

2. Surname (Last Name)  
Solarczyk-Bombik

3. Date  
09-May-2018

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name  
Marcin Zieliński

5. Manuscript Title  
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6. Manuscript Identifying Number (if you know it)  
MED-2017-MIT-08

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Dr. Solarczyk-Bombik has nothing to disclose.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
Michal

2. Surname (Last Name)  
Wilkojc

3. Date  
09-May-2018

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name  
Marcin Zieliński

5. Manuscript Title  
Video-assisted thoracic surgery thymectomy: subxiphoid approach

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

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Wojciech

2. Surname (Last Name)  
Czajkowski

3. Date  
09-May-2018

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Yes  No

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Dr. Czajkowski has nothing to disclose.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
Sylwewiusz

2. Surname (Last Name)  
Kosinski

3. Date  
09-May-2018

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name  
Marcin Zieliński

5. Manuscript Title  
Video-assisted thoracic surgery thymectomy: subxiphoid approach

6. Manuscript Identifying Number (if you know it)  
MED-2017-MIT-08

### Section 2. The Work Under Consideration for Publication

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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

## ICMJE Form for Disclosure of Potential Conflicts of Interest

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Dr. Kosinski 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)  
Edward

2. Surname (Last Name)  
Fryzlewicz

3. Date  
09-May-2018

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name  
Marcin Zieliński

5. Manuscript Title  
Video-assisted thoracic surgery thymectomy: subxiphoid approach

6. Manuscript Identifying Number (if you know it)  
MED-2017-MIT-08

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Dr. Fryzlewicz has nothing to disclose.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)

Tomasz

2. Surname (Last Name)

Nabialek

3. Date

09-May-2018

4. Are you the corresponding author?

Yes

No

Corresponding Author's Name

Marcin Zieliński

5. Manuscript Title

Video-assisted thoracic surgery thymectomy: subxiphoid approach

6. Manuscript Identifying Number (if you know it)

MED-2017-MIT-08

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Dr. Nabialek has nothing to disclose.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Malgorzata	2. Surname (Last Name) Szolkowska	3. Date 09-May-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Marcin Zieliński
5. Manuscript Title Video-assisted thoracic surgery thymectomy: subxiphoid approach		
6. Manuscript Identifying Number (if you know it) MED-2017-MIT-08		

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Dr. Szolkowska has nothing to disclose.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
Juliusz

2. Surname (Last Name)  
Pankowski

3. Date  
09-May-2018

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name  
Marcin Zieliński

5. Manuscript Title  
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6. Manuscript Identifying Number (if you know it)  
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