

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) JYOUTISHMAN	2. Surname (Last Name) SAIKIA	3. Date 12-September-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name SUNIL KUMAR
5. Manuscript Title Video assisted thoracoscopic surgery in paediatric mediastinal tumors		
6. Manuscript Identifying Number (if you know it) MED-2019-PMT-03		

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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

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Dr. SAIKIA has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) S V SURYANARAYANA	2. Surname (Last Name) DEO	3. Date 12-September-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name SUNIL KUMAR
5. Manuscript Title Video assisted thoracoscopic surgery in paediatric mediastinal tumors		
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Dr. DEO has nothing to disclose.

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1. Given Name (First Name) SANDEEP	2. Surname (Last Name) BHORIWAL	3. Date 12-September-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name SUNIL KUMAR
5. Manuscript Title Video assisted thoracoscopic surgery in paediatric mediastinal tumors		
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1. Given Name (First Name)
SUNIL

2. Surname (Last Name)
KUMAR

3. Date
12-September-2019

4. Are you the corresponding author? Yes No

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