

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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Section 1. Identifying Information

1. Given Name (First Name) Joanne	2. Surname (Last Name) Szewczyk	3. Date 18-December-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Nestor Villamizar
5. Manuscript Title Large Mediastinal Schwannoma With Great Vessel Encroachment Requiring Vascular Reconstruction: A Case Report		
6. Manuscript Identifying Number (if you know it) _____		

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Dr. Szewczyk 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)

Krista

2. Surname (Last Name)

Hachey

3. Date

18-December-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Nestor Villamizar

5. Manuscript Title

Large Mediastinal Schwannoma With Great Vessel Encroachment Requiring Vascular Reconstruction: A Case Report

6. Manuscript Identifying Number (if you know it)

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Dr. Hachey has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Jorge	2. Surname (Last Name) Rey	3. Date 18-December-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Nestor Villamizar
5. Manuscript Title Large Mediastinal Schwannoma With Great Vessel Encroachment Requiring Vascular Reconstruction: A Case Report		
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4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Nestor Villamizar
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Nestor

2. Surname (Last Name)

Villamizar

3. Date

18-December-2020

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Yes No

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