



## 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) KAVIYA      2. Surname (Last Name) SATHYAKUMAR      3. Date 7/8/20
4. Are you the corresponding author?     Yes     No
5. Manuscript Title  
PHYSICIAN ASSIST ANTOMATED AI LUNG CANCER DETECTION  
A MANUATIVE REVIEW
6. Manuscript Identifying Number (if you know it)

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# ICMJE

INTERNATIONAL COMMITTEE of  
MEDICAL JOURNAL EDITORS

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### Section 1. Identifying Information

1. Given Name (First Name)

MICHAEL

2. Surname (Last Name)

MUNDZ

3. Date

7/8/20

4. Are you the corresponding author?

Yes  No

5. Manuscript Title

PHYSICIAN ASSIST AUTOMATED AI LIVING CANCER DETECTION

A NARRATIVE REVIEW

6. Manuscript Identifying Number (if you know it)

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SNEHA

2. Surname (Last Name)

BANNO

3. Date

7/18/20

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 Yes No

5. Manuscript Title

PHYSION ASSIST AUTOMATED AIR LUMY CANCER DETECTION  
A NARRATIVE REVIEW

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1. Given Name (First Name)

JAIKARAN

2. Surname (Last Name)

SINGH

3. Date

7/18/20

4. Are you the corresponding author?

Yes  No

5. Manuscript Title

PHYSICIAN ASSIST ANATOMY AT LUM GANER DELEGIN

6. Manuscript Identifying Number (if you know it)

ANATOMY REVIEW

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BABU

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