

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)

Isabel

2. Surname (Last Name)

Casal-Beloy

3. Date

06-March-2019

4. Are you the corresponding author?

Yes No

5. Manuscript Title

Thinking uniportal in pediatric thoracic surgery

6. Manuscript Identifying Number (if you know it)

PM-19-22

Section 2. The Work Under Consideration for Publication

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Dr. Casal-Beloy 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) Lorena	2. Surname (Last Name) Fortes	3. Date 06-March-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Isabel Casal-Beloy
5. Manuscript Title Thinking uniportal in pediatric thoracic surgery		
6. Manuscript Identifying Number (if you know it) PM-19-22		

Section 2. The Work Under Consideration for Publication

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Dr. Fortes has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
Manuel

2. Surname (Last Name)
Tellado

3. Date
06-March-2019

4. Are you the corresponding author? Yes No

Corresponding Author's Name
Isabel Casal-Beloy

5. Manuscript Title
Thinking uniportal in pediatric thoracic surgery

6. Manuscript Identifying Number (if you know it)
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