

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Instructions

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#### 4. Intellectual Property.

This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

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Use this section to report other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)

Fariha

2. Surname (Last Name)

Sheikh

3. Date

12-April-2020

4. Are you the corresponding author?

☒ Yes ☐ No

5. Manuscript Title

CT-Guided Blood Tattoo for Thoracoscopic Excision of Lung Lesions in Pediatric Patients

6. Manuscript Identifying Number (if you know it)

JTD-19-3800

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

Did you or your institution **at any time** receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

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

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Dr. Sheikh 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) Ryan	2. Surname (Last Name) Brandt	3. Date 15-April-2020
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Fariha Sheikh
5. Manuscript Title CT-Guided Blood Tattoo for Thorascopic Excision of Lung Lesions in Pediatric Patients		
6. Manuscript Identifying Number (if you know it) _____		

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

Did you or your institution **at any time** receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

Are there any relevant conflicts of interest? ☐ Yes ☒ No

### Section 3. Relevant financial activities outside the submitted work.

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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



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### Section 6.

#### Disclosure Statement

Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Dr. Brandt 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) Michael	2. Surname (Last Name) Tsapakos	3. Date 20-April-2020
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Fariha Sheikh
5. Manuscript Title CT-Guided Blood Tattoo for Thoracoscopic Excision of Lung Lesions in Pediatric Patients		
6. Manuscript Identifying Number (if you know it) JTD-19-3800		

### 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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ICMJE

INTERNATIONAL COMMITTEE *of*  
MEDICAL JOURNAL EDITORS

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Dr. Tsapakos has nothing to disclose.

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1. Given Name (First Name) Reto	2. Surname (Last Name) Baertschiger	3. Date 20-April-2020
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Fariha Sheikh
5. Manuscript Title CT-Guided Blood Tattoo for Thoracoscopic Excision of Lung Lesions in Pediatric Patients		
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Dr. Baertschiger 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) Daniel	2. Surname (Last Name) Croitoru	3. Date 31-March-2020
4. Are you the corresponding author? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
5. Manuscript Title CT-Guided Blood Tattoo for Thoracoscopic Excision of Lung Lesions in Pediatric Patients		
6. Manuscript Identifying Number (if you know it) Manuscript ID: JTD-19-3800		

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Dr. Croitoru has nothing to disclose.

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