

Instructions

The purpose of this form is to provide readers of your manuscript with information about your other interests that could influence how they receive and understand your work. The form is designed to be completed electronically and stored electronically. It contains programming that allows appropriate data display. Each author should submit a separate form and is responsible for the accuracy and completeness of the submitted information. The form is in six parts.

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4. Intellectual Property.

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patent

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Section 1. Identifying Info	ormation			
1. Given Name (First Name) John	2. Surname (Last Name) Brookes	3. Date 12-December-2020		
4. Are you the corresponding author?	✓ Yes No			
5. Manuscript Title Pleural effusion post coronary arter	y bypass surgery: Associations and co	mplications		
6. Manuscript Identifying Number (if yo	pu know it)			
Section 2. The Work Unde	r 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 V No				
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Do you have any patents, whether p	planned, pending or issued, broadly re	levant to the work? 🗌 Yes 🖌 No		



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Dr. Brookes has nothing to disclose.

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Section 1.	Identifying Inform	ation		
1. Given Name (Fi Michael	rst Name)	2. Surname (Last Name) Williams	3. Date 13-December-2020	
4. Are you the cor	responding author?	Yes 🖌 No	Corresponding Author's Name Dr John D L Brookes	
5. Manuscript Title Pleural effusion		bass surgery: Associations	and complications	
6. Manuscript Ide	ntifying Number (if you kn	ow it)		
			-	
Section 2.	The Work Under Co	onsideration for Public	ation	
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Do you have any	v patents, whether planr	ned, pending or issued, br	oadly relevant to the work? 🗌 Yes 🖌 No	



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Dr. Williams has nothing to disclose.

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1. Given Name (Fi Manish	rst Name)	2. Surname (Last Name) Mathew	3. Date 14-December-2020	
4. Are you the cor	responding author?	Yes 🖌 No	Corresponding Author's Name Dr John D L Brookes	
5. Manuscript Title Pleural effusion		pass surgery: Associations	and complications	
6. Manuscript Ide	ntifying Number (if you kn	ow it)		
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Dr. Mathew has nothing to disclose.

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Section 1.	Identifying Inform	ation	
1. Given Name (Fi Tristan	rst Name)	2. Surname (Last Name) Yan	3. Date 16-December-2020
4. Are you the cor	responding author?	Yes 🖌 No	Corresponding Author's Name Dr John D L Brookes
5. Manuscript Title Pleural effusion		bass surgery: Associations	and complications
6. Manuscript Identifying Number (if you know it)			
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Bannon



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Prof. Bannon has nothing to disclose.

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