

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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4. Intellectual Property.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

Ryosuke

2. Surname (Last Name)

Kaku

3. Date

02-October-2020

4. Are you the corresponding author?

Yes No

5. Manuscript Title

Perioperative changes in respiratory impedance in lobectomy and their clinical impact

6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

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Dr. Kaku 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) Makoto	2. Surname (Last Name) Yoden	3. Date 02-October-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Ryosuke Kaku
5. Manuscript Title Perioperative changes in respiratory impedance in lobectomy and their clinical impact		
6. Manuscript Identifying Number (if you know it) _____		

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 Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Takuya	2. Surname (Last Name) Shiratori	3. Date 02-October-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Ryosuke Kaku
5. Manuscript Title Perioperative changes in respiratory impedance in lobectomy and their clinical impact		
6. Manuscript Identifying Number (if you know it) _____		

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Dr. Shiratori has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)

Kazuki

2. Surname (Last Name)

Hayashi

3. Date

02-October-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Ryosuke Kaku

5. Manuscript Title

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1. Given Name (First Name) Yasuhiko	2. Surname (Last Name) Oshio	3. Date 02-October-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Ryosuke Kaku
5. Manuscript Title Perioperative changes in respiratory impedance in lobectomy and their clinical impact		
6. Manuscript Identifying Number (if you know it) _____		

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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

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Personal Fees: Monies paid to you for services rendered, generally honoraria, royalties, or fees for consulting, lectures, speakers bureaus, expert testimony, employment, or other affiliations

Non-Financial Support: Examples include drugs/equipment supplied by the entity, travel paid by the entity, writing assistance, administrative support, etc.

Other: Anything not covered under the previous three boxes

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Royalties: Funds are coming in to you or your institution due to your patent

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Section 1. Identifying Information

1. Given Name (First Name) Yasutaka	2. Surname (Last Name) Nakano	3. Date 02-October-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Ryosuke Kaku
5. Manuscript Title Perioperative changes in respiratory impedance in lobectomy and their clinical impact		
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1. Given Name (First Name)

Jun

2. Surname (Last Name)

Hanaoka

3. Date

02-October-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Ryosuke Kaku

5. Manuscript Title

Perioperative changes in respiratory impedance in lobectomy and their clinical impact

6. Manuscript Identifying Number (if you know it)

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