

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

Abhinav

2. Surname (Last Name)

Agrawal

3. Date

09-January-2021

4. Are you the corresponding author?

☒ Yes ☐ No

5. Manuscript Title

Feasibility and Safety of a Novel Electrosurgery Device as Part of
Multi-modal Bronchoscopic Therapy for Malignant Central Airway Lesions

6. Manuscript Identifying Number (if you know it)

JTD-20-3001

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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Section 4. Intellectual Property -- Patents & Copyrights

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Dr. Agrawal 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) Udit	2. Surname (Last Name) Chaddha	3. Date 09-January-2021
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Abhinav Agrawal
5. Manuscript Title Feasibility and Safety of a Novel Electrosurgery Device as Part of Multi-modal Bronchoscopic Therapy for Malignant Central Airway Lesions		
6. Manuscript Identifying Number (if you know it) JTD-20-3001		

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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Dr. Chaddha has nothing to disclose.

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Baris

2. Surname (Last Name)
Demirkol

3. Date
09-January-2021

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name
Abhinav Agrawal

5. Manuscript Title
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If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Pinnacle Biologics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Educational Consultant
Boston Scientific	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Educational Consultant
Johnson and Johnson	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Educational Consultant
Erbe	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Educational Consultant
Cook Inc	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Educational Consultant
Olympus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Educational Consultant

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Dr. Murgu reports other from Pinnacle Biologics, other from Boston Scientific, other from Johnson and Johnson, other from Erbe, other from Cook Inc, other from Olympus, outside the submitted work; .

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