

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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Other: Anything not covered under the previous three boxes

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Licensed: The patent has been licensed to an entity, whether earning royalties or not

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)

Irsa

2. Surname (Last Name)

Hasan

3. Date

05-January-2021

4. Are you the corresponding author?

Yes

No

Corresponding Author's Name

Shanda Blackmon

5. Manuscript Title

Autologous Blood Patch Pleurodesis for Prolonged Postoperative Air Leaks

6. Manuscript Identifying Number (if you know it)

JTD-20-1761

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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Yes

No

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?

Yes

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Dr. Hasan has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Mark	2. Surname (Last Name) Allen	3. Date 26-January-2021
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Shanda Blackmon
5. Manuscript Title Autologous Blood Patch Pleurodesis for Prolonged Postoperative Air Leaks		
6. Manuscript Identifying Number (if you know it) JTD-20-1761		

Section 2. The Work Under Consideration for Publication

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Dr. Allen 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) Stephen	2. Surname (Last Name) Cassivi	3. Date 25-January-2021
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Shanda Blackmon
5. Manuscript Title Autologous Blood Patch Pleurodesis for Prolonged Postoperative Air Leaks		
6. Manuscript Identifying Number (if you know it) JTD-20-1761		

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Dr. Cassivi 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)

William

2. Surname (Last Name)

Harmsen

3. Date

26-January-2021

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Shanda H. Blackmon

5. Manuscript Title

Autologous Blood Patch Pleurodesis for prolonged Postoperative Air leaks

6. Manuscript Identifying Number (if you know it)

JTD-20-1761

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Nandita

2. Surname (Last Name)

Mahajan

3. Date

08-January-2021

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Dr. Shanda Blackmon

5. Manuscript Title

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1. Given Name (First Name) Francis	2. Surname (Last Name) Nichols	3. Date 25-January-2021
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Shanda Blackmon,MD
5. Manuscript Title Autologous Blood Patch Pleurodesis for Prolonged Postoperative Air Leaks		
6. Manuscript Identifying Number (if you know it) JTD-20-1761		

Autologous Blood Patch Pleurodesis for Prolonged Postoperative Air Leaks

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. Nichols has nothing to disclose.

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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)

Janani

2. Surname (Last Name)

Reisenauer

3. Date

26-January-2021

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

5. Manuscript Title

Autologous Blood Patch Pleurodesis for Prolonged Postoperative Air Leaks

6. Manuscript Identifying Number (if you know it)

JTD-20-1761

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Dr. Reisenauer 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) K. Robert	2. Surname (Last Name) Shen	3. Date 25-January-2021
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Shanda H. Blackmon
5. Manuscript Title Autologous Blood Patch Pleurodesis for Prolonged Postoperative Air Leaks		
6. Manuscript Identifying Number (if you know it) JTD-20-761		

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest? Yes No

Section 4. Intellectual Property -- Patents & Copyrights

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

Shanda

2. Surname (Last Name)

Blackmon

3. Date

25-January-2021

4. Are you the corresponding author?

Yes No

5. Manuscript Title

Autologous Blood Patch Pleurodesis for Prolonged Postoperative Air Leaks

6. Manuscript Identifying Number (if you know it)

JTD-20-1761

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1. Given Name (First Name) Dennis	2. Surname (Last Name) Wigle	3. Date 26-January-2021
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Shanda Blackmon
5. Manuscript Title Autologous Blood Patch Pleurodesis for Prolonged Postoperative Air Leaks		
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