

ICMJE DISCLOSURE FORM

Date: September. 13th, 2021

Your Name: Hussein Elkhayat

Manuscript Title: Thoracic surgery in Egypt

Manuscript number (if known): JTD-21-723

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

The following questions apply to the author's relationships/activities/interests as they relate to the current manuscript only.

The author's relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

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Time frame: past 36 months			
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13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

Please summarize the above conflict of interest in the following box:

None.

Please place an "X" next to the following statement to indicate your agreement:

I certify that I have answered every question and have not altered the wording of any of the questions on this form.

ICMJE DISCLOSURE FORM

Date: 9/9/2021
 Your Name: Hany Hasan Elsayed
 Manuscript Title: Thoracic surgery in Egypt
 Manuscript number (if known): JTD-2021-TSW-06(JTD-21-723)

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I have no conflict of interest to declare

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ICMJE DISCLOSURE FORM

Date: September. 13th, 2021

Your Name: Waleed Adel

Manuscript Title: Thoracic surgery in Egypt

Manuscript number (if known): JTD-21-723

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ICMJE DISCLOSURE FORM

Date: 30/8/2021

Your Name: Ahmed Elkhoully

Manuscript Title: Thoracic surgery in Egypt

Manuscript number (if known): JTD-2021-TSW-06(JTD-21-723)

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No conflict

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ICMJE DISCLOSURE FORM

Date: 30/8/2021

Your Name: Amr Abdellateef

Manuscript Title: Thoracic surgery in Egypt

Manuscript number (if known): JTD-2021-TSW-06(JTD-21-723)

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ICMJE DISCLOSURE FORM

Date: September. 13th, 2021

Your Name: Wagdy Abdel Moneim Amin

Manuscript Title: Thoracic surgery in Egypt

Manuscript number (if known): JTD-21-723

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ICMJE DISCLOSURE FORM

Date: September. 13th, 2021

Your Name: Alaa Ibrahim Abd El Hafiez

Manuscript Title: Thoracic surgery in Egypt

Manuscript number (if known): JTD-21-723

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ICMJE DISCLOSURE FORM

Date: 13/9/2021
 Your Name: Hatem Ahmed Ibrahim Ahmed BESHIR
 Manuscript Title: Thoracic surgery in Egypt
 Manuscript number (if known): JTD-2021-TSW-06(JTD-21-723)

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ICMJE DISCLOSURE FORM

Date: September. 13th, 2021

Your Name: Yasser Ahmed Elsayed

Manuscript Title: Thoracic surgery in Egypt

Manuscript number (if known): JTD-21-723

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ICMJE DISCLOSURE FORM

Date: September. 13th, 2021

Your Name: Moustafa Mohamed Elhamami

Manuscript Title: Thoracic surgery in Egypt

Manuscript number (if known): JTD-21-723

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ICMJE DISCLOSURE FORM

Date: September. 13th, 2021

Your Name: Ehab Abdel Moneim Wahby

Manuscript Title: Thoracic surgery in Egypt

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9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	
11	Stock or stock options	<input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

Please summarize the above conflict of interest in the following box:

None.

Please place an "X" next to the following statement to indicate your agreement:

I certify that I have answered every question and have not altered the wording of any of the questions on this form.

ICMJE DISCLOSURE FORM

Date: September. 13th, 2021

Your Name: Elhusseiny Elhusseiny Gamil

Manuscript Title: Thoracic surgery in Egypt

Manuscript number (if known): JTD-21-723

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		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
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Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> None	
3	Royalties or licenses	<input checked="" type="checkbox"/> None	
4	Consulting fees	<input checked="" type="checkbox"/> None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
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ICMJE DISCLOSURE FORM

Date: September. 13th, 2021

Your Name: Ahmed Elminshawy

Manuscript Title: Thoracic surgery in Egypt

Manuscript number (if known): JTD-21-723

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