Date:_____Feb. 16, 2022_____

 Your Name:____Daniel DeArmond___

 Manuscript Title:______ Lung Lobectomy Surgical Approach and Resource Utilization Differ by Anatomic Lobe in a

 Statewide Discharge Registry_____

 Manuscript number (if known):______ JTD-21-1898-R2_____

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

The author's relationships/activities/interests should be <u>defined broadly</u>. 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.

		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)
		Time frame: Since the initial	planning of the work
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	XNone	
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	XNone	
3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

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5	Payment or honoraria for	XNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	XNone	
	testimony		
7	Support for attending	XNone	
	meetings and/or travel		
8	Patents planned, issued or	XNone	
	pending		
9	Participation on a Data	X None	
5	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	X None	
10	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11		V Nono	
11	Stock or stock options	XNone	
12	Receipt of equipment,	X_None	
	materials, drugs, medical		
1	writing, gifts or other		
L	services		
13	Other financial or non-	XNone	
	financial interests		
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None.

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

Date:_Jan. 28th, 2022____ Your Name:___Mohammed Sajedur Raman__ Manuscript Title:_____ Lung Lobectomy Surgical Approach and Resource Utilization Differ by Anatomic Lobe in a Statewide Discharge Registry____ Manuscript number (if known):__JTD-21-1898-CL_____

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3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

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5	Payment or honoraria for	XNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	XNone	
	testimony		
7	Support for attending	XNone	
	meetings and/or travel		
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8	Patents planned, issued or	XNone	
	pending		
9	Participation on a Data	XNone	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	X None	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	X None	
11			
4.5			
12	Receipt of equipment,	X_None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	X None	
	financial interests		

None.

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

Date:____Jan. 28th, 2022____ Your Name:___Stewart R. Miller__ Manuscript Title: Lung Lobectomy Surgical Approach and Resource Utilization Differ by Anatomic Lobe in a Statewide Discharge Registry Manuscript number (if known):_ JTD-21-1898-CL_____

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3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

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5	Payment or honoraria for	XNone	
	lectures, presentations,		
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	manuscript writing or		
	educational events		
6	Payment for expert	XNone	
	testimony		
7	Support for attending	XNone	
	meetings and/or travel		
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8	Patents planned, issued or	XNone	
	pending		
9	Participation on a Data	XNone	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	X None	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	X None	
11			
4.5			
12	Receipt of equipment,	X_None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	X None	
	financial interests		

None.

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

 Date:_____January 28, 2022

 Your Name:____ Christian Jacobsen___

 Manuscript Title:_____ Lung Lobectomy Surgical Approach and Resource Utilization Differ by

 Anatomic Lobe in a Statewide Discharge Registry

 Manuscript number (if known):_____ JTD-21-1898-CL

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3	Royalties or licenses	X_None	
4	Consulting fees	XNone	

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5	Payment or honoraria for	XNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	XNone	
	testimony		
7	Support for attending	XNone	
	meetings and/or travel		
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8	Patents planned, issued or	XNone	
	pending		
9	Participation on a Data	XNone	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	X None	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	X None	
11			
4.5			
12	Receipt of equipment,	X_None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	X None	
	financial interests		

None.

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

Date:_____Jan. 28th, 2022_____ Your Name:____Scott B, Johnson MD___ Manuscript Title: Lung Lobectomy Surgical Approach and Resource Utilization Differ by Anatomic Lobe in a Statewide Discharge Registry Manuscript number (if known):__JTD-21-1898-CL_____

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		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	XNone	
3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

-			
5	Payment or honoraria for	XNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	XNone	
	testimony		
7	Support for attending	XNone	
	meetings and/or travel		
8	Patents planned, issued or	XNone	
	pending		
9	Participation on a Data	X None	
5	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	X None	
10	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11		V Nono	
11	Stock or stock options	XNone	
12	Receipt of equipment,	X_None	
	materials, drugs, medical		
1	writing, gifts or other		
L	services		
13	Other financial or non-	XNone	
	financial interests		
			· · · · · · · · · · · · · · · · · · ·

None.

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

Date:____01/27/2022____ Your Name:___Duy C. Nguyen__ Manuscript Title:__Lung Lobectomy Surgical Approach and Resource Utilization Differ by Anatomic Lobe in a Statewide Discharge Registry____ Manuscript number (if known):__ JTD-21-1898-CL_____

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		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	XNone	
3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	XNone	
6	Payment for expert testimony	XNone	
7	Support for attending meetings and/or travel	XNone	
8	Patents planned, issued or pending	XNone	
9	Participation on a Data Safety Monitoring Board or Advisory Board	XNone	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	XNone	
11	Stock or stock options	XNone	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	X_None	
13	Other financial or non- financial interests	XNone	

None.

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Date:____Jan. 28th, 2022____ Your Name:___Nitin A. Das MD___ Manuscript Title: Lung Lobectomy Surgical Approach and Resource Utilization Differ by Anatomic Lobe in a Statewide Discharge Registry Manuscript number (if known):__JTD-21-1898-CL_____

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3	Royalties or licenses	XNone			
4	Consulting fees	XNone			

5	Payment or honoraria for	XNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	XNone	
	testimony		
7	Support for attending	XNone	
	meetings and/or travel		
8	Patents planned, issued or	XNone	
	pending		
9	Participation on a Data	X None	
5	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	X None	
10	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11		V. Nono	
11	Stock or stock options	XNone	
12	Receipt of equipment,	X_None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	XNone	
	financial interests		

None.

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