ICMJE DISCLOSURE FORM

Date:_May 15th, 2022___
Your Name:___Samy LACHKAR
Manuscript Title:_____ JTD-22-461-CL
Manuscript number (if known):___ Hypnosis Associated with 3D Immersive Virtual Reality Technology during Bronchoscopy under local anesthesia _____

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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	__X_None	
13	Other financial or non-financial interests	__X__None	

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Date:_May 15th, 2022___
Your Name:___Diane GERVEREAU
Manuscript Title:_____ JTD-22-461-CL
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ICMJE DISCLOSURE FORM

Date:_May 15th, 2022___
Your Name:___ Marine Lanquetuit
Manuscript Title:_____ JTD-22-461-CL
Manuscript number (if known):___ Hypnosis Associated with 3D Immersive Virtual Reality Technology during Bronchoscopy under local anesthesia _____

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ICMJE DISCLOSURE FORM

Date:_May 15th, 2022___
Your Name:___ Luc Thiberville
Manuscript Title:_____ JTD-22-461-CL
Manuscript number (if known):___ Hypnosis Associated with 3D Immersive Virtual Reality Technology during Bronchoscopy under local anesthesia _____

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Date:_May 15th, 2022___
Your Name:__ Hélène Morisse Pradier
Manuscript Title:_____ JTD-22-461-CL
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ICMJE DISCLOSURE FORM

Date:_May 15th, 2022___
Your Name:__ Maxime Roger
Manuscript Title:_____ JTD-22-461-CL
Manuscript number (if known):___ Hypnosis Associated with 3D Immersive Virtual Reality Technology during Bronchoscopy under local anesthesia _____

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Date:_May 15th, 2022___
Your Name:__ Suzanna Bota
Manuscript Title:_____ JTD-22-461-CL
Manuscript number (if known):___ Hypnosis Associated with 3D Immersive Virtual Reality Technology during Bronchoscopy under local anesthesia _____

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Date:_May 15th, 2022___
Your Name:__ Florian Guisier
Manuscript Title:_____ JTD-22-461-CL
Manuscript number (if known):___ Hypnosis Associated with 3D Immersive Virtual Reality Technology during Bronchoscopy under local anesthesia _____

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Date:_May 15th, 2022___
Your Name:__ Mathieu Salaün
Manuscript Title:_____ JTD-22-461-CL
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