## ICMJE DISCLOSURE FORM

Date:	5/18/2023	
_ Your Name:	Nathan Alcasid	
Manuscript Title: Surgery (VATS)	The Impact of Novel Instrumentation in Promoting Uniportal Video-Assisted Thoracoscopic	
Manuscript number	r (if known):	

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 <u>current 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.

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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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	
2	Crants or contracts from any	Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	xNone	
3	Royalties or licenses	x_None	
4	Consulting fees	x None	

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5	Payment or honoraria for	_xNone			
	lectures, presentations,				
	speakers bureaus,				
	manuscript writing or educational events				
6	Payment for expert	x None			
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	testimony				
7	Support for attending	x None			
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8	Patents planned, issued or pending	_xNone			
	pending				
9	Participation on a Data	x None			
)	Safety Monitoring Board or				
	Advisory Board				
10	Leadership or fiduciary role	x None			
10	in other board, society,	_XNone			
	committee or advocacy				
	group, paid or unpaid				
11	Stock or stock options	_xNone			
12	Receipt of equipment,	x_None			
	materials, drugs, medical writing, gifts or other				
4.0	services				
13	Other financial or non- financial interests	_xNone			
Plea	Please summarize the above conflict of interest in the following box:				
, ica					
n	none				

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

 $\underline{x}$  I certify that I have answered every question and have not altered the wording of any of the questions on this form.

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7	Support for attending meetings and/or travel	xNone			
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	Advisory Board				
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Piea	Please summarize the above conflict of interest in the following box:				
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Date:5/18/2	2023	
 Your Name:	Jeffrey Velotta	
		tation in Promoting Uniportal Video-Assisted Thoracoscopic
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13	financial interests	_xwill			
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