

## ICMJE DISCLOSURE FORM

Date: 07/09/2023 \_\_\_\_\_

Your Name: Luca Voltolini

Manuscript Title: VENO-VENOUS EXTRA CORPOREAL MEMBRANE OXYGENATION IN COMPLEX TRACHEOBRONCHIAL RESECTION.

Manuscript number (if known): \_\_\_\_\_ JTD-23-1416 \_\_\_\_\_

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.

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Date: 07/09/2023 \_\_\_\_\_

Your Name: Alberto Salvicchi

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Date: 07/09/2023 \_\_\_\_\_

Your Name: Alessandro Gonfiotti

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Your Name: Sara Borgianni

Manuscript Title: VENO-VENOUS EXTRA CORPOREAL MEMBRANE OXYGENATION IN COMPLEX TRACHEOBRONCHIAL RESECTION.

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Date: 07/09/2023 \_\_\_\_\_

Your Name: Giovanni Cianchi

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Your Name: Giovanni Mugnaini

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Date: 07/09/2023

Your Name: Stefano Bongiolatti

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