

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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Section 1. Identifying Information

1. Given Name (First Name) Vittorio	2. Surname (Last Name) Aprile	3. Date 21-November-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Vittorio Aprile
5. Manuscript Title Extended surgery of antero-superior mediastinum		
6. Manuscript Identifying Number (if you know it) CCTS-2019-TSB-07		

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Dr. Aprile has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Stylios

2. Surname (Last Name)
Korasidis

3. Date
21-November-2019

4. Are you the corresponding author? Yes No

Corresponding Author's Name
Vittorio Aprile

5. Manuscript Title
Extended surgery of antero-superior mediastinum

6. Manuscript Identifying Number (if you know it)
CCTS-2019-TSB-07

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Dr. Korasidis has nothing to disclose.

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1. Given Name (First Name) Diana	2. Surname (Last Name) Bacchin	3. Date 21-November-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Vittorio Aprile
5. Manuscript Title Extended surgery of antero-superior mediastinum		
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4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Vittorio Aprile
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