

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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4. Intellectual Property.

This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Davide

2. Surname (Last Name)
Tosi

3. Date
12-December-2019

4. Are you the corresponding author? ☒ Yes ☐ No

5. Manuscript Title
Sleeve video-assisted thoracic surgery resections

6. Manuscript Identifying Number (if you know it)
CCTS-2019-TSB-12

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Section 4. Intellectual Property -- Patents & Copyrights

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Dr. Tosi has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Valeria	2. Surname (Last Name) Musso	3. Date 12-December-2019
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Davide Tosi
5. Manuscript Title Sleeve video-assisted thoracic surgery resections		
6. Manuscript Identifying Number (if you know it) CCTS-2019-TSB-12		

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Are there any relevant conflicts of interest? ☐ Yes ☒ No

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Dr. Musso has nothing to disclose.

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1. Given Name (First Name) Francesco	2. Surname (Last Name) Damarco	3. Date 12-December-2019
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Davide Tosi
5. Manuscript Title Sleeve video-assisted thoracic surgery resections		
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Are there any relevant conflicts of interest? ☐ Yes ☒ No

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Dr. Damarco has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Shehab	2. Surname (Last Name) Mohamed	3. Date 12-December-2019
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Davide Tosi
5. Manuscript Title Sleeve video-assisted thoracic surgery resections		
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Section 1. Identifying Information

1. Given Name (First Name) Alessandra	2. Surname (Last Name) Mazzucco	3. Date 12-December-2019
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Davide Tosi
5. Manuscript Title Sleeve video-assisted thoracic surgery resections		
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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

Margherita

2. Surname (Last Name)

Cattaneo

3. Date

12-December-2019

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name

Davide Tosi

5. Manuscript Title

Sleeve video-assisted thoracic surgery resections

6. Manuscript Identifying Number (if you know it)

CCTS-2019-TSB-12

Section 2. The Work Under Consideration for Publication

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☐ Yes

☒ No

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☒ No

Section 4. Intellectual Property -- Patents & Copyrights

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Dr. Cattaneo 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)

Elisa

2. Surname (Last Name)

Daffrè

3. Date

12-December-2019

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name

Davide Tosi

5. Manuscript Title

Sleeve video-assisted thoracic surgery resections

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CCTS-2019-TSB-12

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Dr. Daffrè 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) Cristina	2. Surname (Last Name) Diotti	3. Date 12-December-2019
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Davide Tosi
5. Manuscript Title Sleeve video-assisted thoracic surgery resections		
6. Manuscript Identifying Number (if you know it) CCTS-2019-TSB-12		

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Are there any relevant conflicts of interest? ☐ Yes ☒ No

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Are there any relevant conflicts of interest? ☐ Yes ☒ No

Section 4. Intellectual Property -- Patents & Copyrights

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

Sara

2. Surname (Last Name)

Pieropan

3. Date

12-December-2019

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name

Davide Tosi

5. Manuscript Title

Sleeve video-assisted thoracic surgery resections

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CCTS-2019-TSB-12

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Mario	2. Surname (Last Name) Nosotti	3. Date 12-December-2019
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Davide Tosi
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