

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
William

2. Surname (Last Name)
Grossi

3. Date
07-December-2019

4. Are you the corresponding author? Yes No

5. Manuscript Title
VATS lobectomy outcomes in octogenarian patients: a retrospective series

6. Manuscript Identifying Number (if you know it)
CCTS-2019-TSB-10(CCTS-19-67)

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Dr. Grossi has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Alice	2. Surname (Last Name) Bellini	3. Date 07-December-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name William Grossi
5. Manuscript Title VATS lobectomy outcomes in octogenarian patients: a retrospective series		
6. Manuscript Identifying Number (if you know it) CCTS-2019-TSB-10(CCTS-19-67)		

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Dr. Bellini has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Francesco	2. Surname (Last Name) Londero	3. Date 07-December-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name William Grossi
5. Manuscript Title VATS lobectomy outcomes in octogenarian patients: a retrospective series		
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1. Given Name (First Name) Gianluca	2. Surname (Last Name) Masullo	3. Date 07-December-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name William Grossi
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1. Given Name (First Name) Angelo	2. Surname (Last Name) Morelli	3. Date 07-December-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name William Grossi
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