

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)

Giuseppe

2. Surname (Last Name)

Mangiameli

3. Date

31-August-2020

4. Are you the corresponding author?

Yes No

5. Manuscript Title

Surgical treatment of locally advanced T4 non small cell lung cancer with mechanical circulatory support

6. Manuscript Identifying Number (if you know it)

CCTS-2020-MEC-04(CCTS-20-131)

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Dr. Mangiameli 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) emanuele	2. Surname (Last Name) voulaz	3. Date 31-August-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name giuseppe mangiameli
5. Manuscript Title Surgical treatment of locally advanced T4 non small cell lung cancer with mechanical circulatory support		
6. Manuscript Identifying Number (if you know it) CCTS-2020-MEC-04(CCTS-20-131)		

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Dr. voulaz has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)

alberto

2. Surname (Last Name)

testori

3. Date

31-August-2020

4. Are you the corresponding author?

Yes

No

Corresponding Author's Name

giuseppe mangiameli

5. Manuscript Title

Surgical treatment of locally advanced T4 non small cell lung cancer with mechanical circulatory support

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CCTS-2020-MEC-04(CCTS-20-131)

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umberto

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cariboni

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Corresponding Author's Name

giuseppe mangiameli

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