

## 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)  
Benedetta

2. Surname (Last Name)  
Bedetti

3. Date  
24-May-2017

4. Are you the corresponding author?  Yes  No

5. Manuscript Title  
Left sided lobectomies

6. Manuscript Identifying Number (if you know it)  
SHC-2017-OTS-13

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Dr. Bedetti 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)  
Philipp

2. Surname (Last Name)  
Schnorr

3. Date  
24-May-2017

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name  
Benedetta Bedetti

5. Manuscript Title  
Left sided lobectomies

6. Manuscript Identifying Number (if you know it)  
SHC-2017-OTS-13

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Dr. Schnorr has nothing to disclose.

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### Section 1. Identifying Information

1. Given Name (First Name) Davide	2. Surname (Last Name) Patrini	3. Date 24-May-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Benedetta Bedetti
5. Manuscript Title Left sided lobectomies		
6. Manuscript Identifying Number (if you know it) SHC-2017-OTS-13		

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### Section 1. Identifying Information

1. Given Name (First Name)

Marco

2. Surname (Last Name)

Scarci

3. Date

24-May-2017

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name

Benedetta Bedetti

5. Manuscript Title

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1. Given Name (First Name) Joachim	2. Surname (Last Name) Schmidt	3. Date 24-May-2017
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