

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

The purpose of this form is to provide readers of your manuscript with information about your other interests that could influence how they receive and understand your work. The form is designed to be completed electronically and stored electronically. It contains programming that allows appropriate data display. Each author should submit a separate form and is responsible for the accuracy and completeness of the submitted information. The form is in six parts.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

Guilherme

2. Surname (Last Name)

Dal Agnol

3. Date

15-June-2017

4. Are you the corresponding author?

☒ Yes

☐ No

5. Manuscript Title

Surgical approaches for bronchopleural fistula

6. Manuscript Identifying Number (if you know it)

SHC-2017-OTS-17

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest?

☐ Yes

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Dr. Dal Agnol has nothing to disclose.

Evaluation and Feedback

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Section 1. Identifying Information

1. Given Name (First Name)
Arthur

2. Surname (Last Name)
Vieira

3. Date
15-June-2017

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name
Guilherme Dal Agnol

5. Manuscript Title
Surgical approaches for bronchopleural fistula

6. Manuscript Identifying Number (if you know it)
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Are there any relevant conflicts of interest? ☐ Yes ☒ No

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1. Given Name (First Name)

Ricardo

2. Surname (Last Name)

Oliveira

3. Date

15-June-2017

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name

Guilherme Dal Agnol

5. Manuscript Title

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1. Given Name (First Name)
Paula Antonia

2. Surname (Last Name)
Ugalde Figueroa

3. Date
15-June-2017

4. Are you the corresponding author?

☐ Yes☒ No

Corresponding Author's Name
Guilherme Dal Agnol

5. Manuscript Title
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