

Instructions

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1. Given Name (First Name) Mario	2. Surname (Last Name) Nosotti	3. Date 16-August-2017
4. Are you the corresponding author	Yes 🖌 No	Corresponding Author's Name Ilaria Righi
5. Manuscript Title Tracheal sleeve pneumonectomy		rative techniques
 Manuscript Identifying Number (if SHC-2017-OTS-28 	you know it)	

Did you or your institution **at any time** receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

🖌 No

Are there any relevant conflicts of interest?	Yes
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Are there any relevant conflicts of interest?	Yes	\checkmark	No
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Do you have any patents, whether planned, pending or issued, broadly relevant to the work?	Yes	🖌 No	
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Dr. Nosotti has nothing to disclose.

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1. Given Name (F Ilaria	Identifying Info	2. Surname (Last Name) Righi	3. Date 16-August-2017
4. Are you the co	prresponding author?	✓ Yes No	
5. Manuscript Tit Tracheal sleeve		lications and surgical operative techniqu	ies
5. Manuscript Ide SHC-2017-OTS-	entifying Number (if you 28	know it)	
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Do you have any patents, whether planned, pending or issued, broadly relevant to the work?		Yes	🖌 No	
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Section 1.	Identifying Infor	mation		
1. Given Name (Fi Francesco	rst Name)	2. Surname (Last Damarco	Name) 3. Date 16-August-2	2017
4. Are you the cor	responding author?	Yes 🖌	o Corresponding Author's Name Ilaria Righi	
5. Manuscript Titl Tracheal sleeve		ications and surgic	l operative techniques	
6. Manuscript Ide SHC-2017-OTS-2	ntifying Number (if you l 28	know it)		
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1. Given Name (First Name) Lorenzo	2. Surname (Last Name) Rosso	3. Date 16-August-2017
Are you the corresponding author?	Yes 🖌 No	Corresponding Author's Name Ilaria Righi
Manuscript Title racheal sleeve pneumonectomy: inc	lications and surgical ope	rative techniques
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