

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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4. Intellectual Property.

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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)
Marulli

3. Date
26-September-2017

4. Are you the corresponding author? Yes No

5. Manuscript Title
Anterior approach to Pancoast tumors

6. Manuscript Identifying Number (if you know it)
SHC-17-44

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest? Yes No

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Section 6. Disclosure Statement

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Dr. Marulli has nothing to disclose.

Evaluation and Feedback

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Giovanni Maria	2. Surname (Last Name) Comacchio	3. Date 26-September-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Giuseppe Marulli
5. Manuscript Title Anterior approach to Pancoast tumors		
6. Manuscript Identifying Number (if you know it) SHC-17-44		

Section 2. The Work Under Consideration for Publication

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Dr. Comacchio has nothing to disclose.

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1. Given Name (First Name) Marco	2. Surname (Last Name) Mammana	3. Date 26-September-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Giuseppe Marulli
5. Manuscript Title Anterior approach to Pancoast tumors		
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4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Giuseppe Marulli
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