

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)
Senne

2. Surname (Last Name)
Van Donink

3. Date
17-August-2018

4. Are you the corresponding author? Yes No

5. Manuscript Title
Minimally invasive resection of ectopic mediastinal parathyroid adenoma with use of the Da Vinci Xi robot

6. Manuscript Identifying Number (if you know it)
SHC-2018-RMS-01

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Dr. Van Donink has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Patrick	2. Surname (Last Name) Lauwers	3. Date 17-August-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Senne Van Donink
5. Manuscript Title Minimally invasive resection of ectopic mediastinal parathyroid adenoma with use of the Da Vinci Xi robot		
6. Manuscript Identifying Number (if you know it) SHC-2018-RMS-01		

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Dr. Lauwers has nothing to disclose.

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1. Given Name (First Name) Paul	2. Surname (Last Name) Van Schil	3. Date 17-August-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Senne Van Donink
5. Manuscript Title Minimally invasive resection of ectopic mediastinal parathyroid adenoma with use of the Da Vinci Xi robot		
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1. Given Name (First Name) Jeroen	2. Surname (Last Name) Hendriks	3. Date 17-August-2018
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2. Surname (Last Name)
Yogeswaran

3. Date
17-August-2018

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