

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Edoardo

2. Surname (Last Name)
Zanfrini

3. Date
28-December-2018

4. Are you the corresponding author? Yes No

5. Manuscript Title
Treatment of esophageal diverticula in uniportal video-assisted thoracoscopic surgery

6. Manuscript Identifying Number (if you know it)
SHC-2018-UVATS-04

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Dr. Zanfrini has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Dania	2. Surname (Last Name) Nachira	3. Date 28-December-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Edoardo Zanfrini
5. Manuscript Title Treatment of esophageal diverticula in uniportal video-assisted thoracoscopic surgery		
6. Manuscript Identifying Number (if you know it) SHC-2018-UVATS-04		

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Section 1. Identifying Information

1. Given Name (First Name) Marco	2. Surname (Last Name) Chiappetta	3. Date 28-December-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Edoardo Zanfrini
5. Manuscript Title Treatment of esophageal diverticula in uniportal video-assisted thoracoscopic surgery		
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1. Given Name (First Name) Elisa	2. Surname (Last Name) Meacci	3. Date 28-December-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Edoardo Zanfrini
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4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Edoardo Zanfrini
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1. Given Name (First Name) Gian Maria	2. Surname (Last Name) Ferretti	3. Date 28-December-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Edoardo Zanfrini
5. Manuscript Title Treatment of esophageal diverticula in uniportal video-assisted thoracoscopic surgery		
6. Manuscript Identifying Number (if you know it) SHC-2018-UVATS-04		

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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Are there any relevant conflicts of interest? Yes No

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes No

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Dr. Ferretti 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)

Luca

2. Surname (Last Name)

Pogliani

3. Date

28-December-2018

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Edoardo Zanfrini

5. Manuscript Title

Treatment of esophageal diverticula in uniportal video-assisted thoracoscopic surgery

6. Manuscript Identifying Number (if you know it)

SHC-2018-UVATS-04

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Amedeo	2. Surname (Last Name) laffaldano	3. Date 28-December-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Edoardo Zanfrini
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Dr. Iaffaldano 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)
Maria Letizia

2. Surname (Last Name)
Vita

3. Date
28-December-2018

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Edoardo Zanfrini

5. Manuscript Title
Treatment of esophageal diverticula in uniportal video-assisted thoracoscopic surgery

6. Manuscript Identifying Number (if you know it)
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Dr. Vita has nothing to disclose.

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1. Given Name (First Name) Venanzio	2. Surname (Last Name) Porziella	3. Date 28-December-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Edoardo Zanfrini
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4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Edoardo Zanfrini
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