

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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Section 1. Identifying Information

1. Given Name (First Name)

Aaron

2. Surname (Last Name)

Casha

3. Date

16-February-2019

4. Are you the corresponding author?

Yes No

5. Manuscript Title

Management options for pulmonary nodules with cancer of unknown primary

6. Manuscript Identifying Number (if you know it)

SHC-18-152

Section 2. The Work Under Consideration for Publication

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.)?

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Dr. Casha has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Ian	2. Surname (Last Name) Said-Huntingford	3. Date 16-February-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Aaron R. Casha
5. Manuscript Title Management options for pulmonary nodules with cancer of unknown primary		
6. Manuscript Identifying Number (if you know it) SHC-18-152		

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Dr. Said-Huntingford has nothing to disclose.

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1. Given Name (First Name) Adrian	2. Surname (Last Name) Mizzi	3. Date 16-February-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Aaron R. Casha
5. Manuscript Title Management options for pulmonary nodules with cancer of unknown primary		
6. Manuscript Identifying Number (if you know it) SHC-18-152		

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1. Given Name (First Name) Marilyn	2. Surname (Last Name) Gauci	3. Date 16-February-2019
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