

Instructions

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Section 1. Identifying Info	rmation	
1. Given Name (First Name) Marco	2. Surname (Last Name) Mammana	3. Date 04-October-2019
4. Are you the corresponding author?	Yes 🖌 No	Corresponding Author's Name Federico Rea
5. Manuscript Title Carinal pneumonectomy: a 36-year e	xperience	

6. Manuscript Identifying Number (if you know it)

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.)?

🖌 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	\checkmark	No
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Dr. Mammana has nothing to disclose.

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1. Given Name (First Name) Pia	2. Surname (Last Name) Ferrigno	3. Date 04-October-2019
4. Are you the corresponding author?	Yes 🖌 No	Corresponding Author's Name Federico Rea
5. Manuscript Title Carinal pneumonectomy: a 36-yea	r experience	

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Are there any relevant conflicts of interest?		Yes	
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1. Given Name (Fi Marco	rst Name)	2. Surnan Schiavor	ne (Last Name) 1	3. Date 04-October-2019	
4. Are you the cor	responding author?	Yes	✓ No	Corresponding Author's Name Federico Rea	
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