

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) João	2. Surname (Last Name) Santos Silva	3. Date 17-October-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Pierre Emmanuel alco
5. Manuscript Title Pneumonectomy for trauma and war casualties		
6. Manuscript Identifying Number (if you know it) SHC-2019-RPTS-08		

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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Dr. Santos Silva has nothing to disclose.

Evaluation and Feedback

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Section 1. Identifying Information

1. Given Name (First Name) Paulo Almeida	2. Surname (Last Name) Calvinho	3. Date 17-October-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Pierre Emmanuel alco
5. Manuscript Title Pneumonectomy for trauma and war casualties		
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Dr. Calvino has nothing to disclose.

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1. Given Name (First Name) Anne	2. Surname (Last Name) Olland	3. Date 17-October-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Pierre Emmanuel alco
5. Manuscript Title Pneumonectomy for trauma and war casualties		
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Section 1. Identifying Information

1. Given Name (First Name)
Pierre-Emmanuel

2. Surname (Last Name)
Falcoz

3. Date
17-October-2019

4. Are you the corresponding author? Yes No

5. Manuscript Title
Pneumonectomy for trauma and war casualties

6. Manuscript Identifying Number (if you know it)
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