

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)
Francesco

2. Surname (Last Name)
Petrella

3. Date
07-October-2019

4. Are you the corresponding author? Yes No

5. Manuscript Title
Veno-venous extracorporeal membrane oxygenation tracheal sleeve pneumonectomy".

6. Manuscript Identifying Number (if you know it)

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Dr. Petrella has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)

Luca

2. Surname (Last Name)

Salvi

3. Date

07-October-2019

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Francesco Petrella

5. Manuscript Title

Veno-venous extracorporeal membrane oxygenation tracheal sleeve pneumonectomy".

6. Manuscript Identifying Number (if you know it)

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Dr. Salvi has nothing to disclose.

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1. Given Name (First Name)
Marco

2. Surname (Last Name)
Venturino

3. Date
07-October-2019

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Francesco Petrella

5. Manuscript Title

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1. Given Name (First Name)
Francesco

2. Surname (Last Name)
Alamanni

3. Date
07-October-2019

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Yes No

Corresponding Author's Name
Francesco Petrella

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1. Given Name (First Name) Lorenzo	2. Surname (Last Name) Spaggiari	3. Date 07-October-2010
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Francesco Petrella
5. Manuscript Title Veno-venous extracorporeal membrane oxygenation tracheal sleeve pneumonectomy".		
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