

## 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)

ALESSIO

2. Surname (Last Name)

CAMPISI

3. Date

18-June-2020

4. Are you the corresponding author?

Yes  No

5. Manuscript Title

Management of medical complications after pneumonectomy

6. Manuscript Identifying Number (if you know it)

### Section 2. The Work Under Consideration for Publication

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Dr. CAMPISI 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)

BERTOLACCINI

3. Date

18-June-2020

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name

ALESSIO CAMPISI

5. Manuscript Title

Management of medical complications after pneumonectomy

6. Manuscript Identifying Number (if you know it)

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Dr. BERTOLACCINI 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) Jizhuang	2. Surname (Last Name) Luo	3. Date 18-June-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name ALESSIO CAMPISI
5. Manuscript Title Management of medical complications after pneumonectomy		
6. Manuscript Identifying Number (if you know it)		

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FRANCO

2. Surname (Last Name)

STELLA

3. Date

18-June-2020

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name

ALESSIO CAMPISI

5. Manuscript Title

Management of medical complications after pneumonectomy

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Dr. STELLA has nothing to disclose.

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WENTAO

2. Surname (Last Name)  
FANG

3. Date  
18-June-2020

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Corresponding Author's Name  
ALESSIO CAMPISI

5. Manuscript Title  
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