Date: 2.32	7.10
Your Name:	The Conf
Manuscript Title:	Perioperative management and Surgical procedure for Prolonged Air Leak
Manuscript numbe	r (if known):

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		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
		Time frame: Since the initi	al planning of the work
1	All support for the present manuscript (e.g., funding,	None	
	provision of study materials,		
	medical writing, article		
	processing charges, etc.)  No time limit for this item.		
	No time limit for this item.		
W. S.	The State of the S	Time frame: pas	st 36 months
2	Grants or contracts from	<u>✓</u> None	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	<u></u> ✓ None	
4	Consulting fees	None	
	2		
		4	

5	Payment or honoraria for	None	
3	lectures, presentations,	None	
	speakers bureaus,		
	manuscript writing or		
	educational events	/	
6	Payment for expert	None	
	testimony		
		/	
7	Support for attending meetings and/or travel	None	
		/	
8	pending	None	
9	Participation on a Data Safety Monitoring Board or	None	
	Advisory Board		
10	Leadership or fiduciary role	V None	
10	in other board, society,	None	
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	None	
12	Receipt of equipment,	None	
	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or non-	None	
	financial interests		

The author has	up conflicts of interest to declare.	

Please place an "X" next to the following statement to indicate your agreement:

Date: 2022	7,10					
Your Name:	Michienka	Honda				
Manuscript Title:	Perioperative ma	nagement	and Surgica	I procedure	for Prolonged Air Lea	ak
Manuscript number	(if known):	/	. 0			

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2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	
4	Consulting fees	None	

5	Payment or honoraria for	None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	None	
0	testimony	None	
7	Support for attending	None	
	meetings and/or travel		
8	Patents planned, issued or	None	
0	pending	None	
9	Participation on a Data	None	
	Safety Monitoring Board or Advisory Board		
10	Leadership or fiduciary role	None	
10	in other board, society,	None	
	committee or advocacy group, paid or unpaid		
11	Stock or stock options	None	
12	Receipt of equipment,	None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	None	
	financial interests		

The a	uclin	has h	o conflict	of Neurest	to declare	

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Date: 2022 - 7	7.8		
Your Name:	Kosuke	Fujishima	
Manuscript Title:	Perio	perative management and Surgical procedure for Prolonged Air Leak	
Manuscript numb	er (if kno	wn):	

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	COLUMN PROPERTY OF THE PARTY OF	Time frame: pas	at 36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	
4	Consulting fees	None	

5	Payment or honoraria for	_V_None	
	lectures, presentations,		
	speakers bureaus, manuscript writing or educational events		
6	Payment for expert	<u> </u>	
	testimony	Huever	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or	None	
	pending		
0	B. N. J. W B. L.	✓ None	
9	Participation on a Data Safety Monitoring Board or	None	
	Advisory Board		
10	Leadership or fiduciary role	√ None	
	in other board, society,		
	committee or advocacy group, paid or unpaid		
11	Stock or stock options	None	
12	Receipt of equipment,	None	The second secon
	materials, drugs, medical		
	writing, gifts or other services	/	
13	Other financial or non-	None	
	financial interests		

The author h	has no	conflicts of	iuterest	to declare.		

Please place an "X" next to the following statement to indicate your agreement:

Date:	2002-7.12
Your Name:	Jun Osigi
Manuscript Ti	tle:Perioperative management and Surgical procedure for Prolonged Air Leak
Manuscript no	umber (if known):

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	California Maria State of the State	Time frame: Since the initi	al planning of the work
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)  No time limit for this item.	None	
	SECTION AND ADDRESS.	Time frame: pas	et 36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	
4	Consulting fees	XNone	

5	Payment or honoraria for	X None	
	ectures, presentations,		
	speakers bureaus, manuscript writing or educational events		
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or	None	
	pending		
9	Participation on a Data	None	
	Safety Monitoring Board or Advisory Board		
10	Leadership or fiduciary role	X None	
	in other board, society,		
	committee or advocacy group, paid or unpaid	11.1	
11	Stock or stock options	None	
12	Receipt of equipment,	None	
	materials, drugs, medical writing, gifts or other	/	
40	services	V	
13	Other financial or non- financial interests	X_None	

The author has no	conflicts of interest to declare.	

Please place an "X" next to the following statement to indicate your agreement:

Date: 2022	. 7.12					
Your Name:	Koichi	Fujia				
Manuscript Title:_	Periop	erative manage	ement and Surg	ical procedure f	for Prolonged Air	Leak
Manuscript number	er (if known	1):				

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		Time frame: pas	st 36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	_X_None	
3	Royalties or licenses	X_None	
4	Consulting fees	<u>X</u> None	

5	Payment or honoraria for lectures, presentations,	None	
	speakers bureaus, manuscript writing or educational events		
6	Payment for expert	None	
	testimony		
7	Support for attending	X_None	
,	meetings and/or travel	None	
8	Patents planned, issued or pending	None	
	pending		
9	Participation on a Data	<u>X</u> None	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role in other board, society,	<u>X</u> None	
	committee or advocacy group, paid or unpaid		
11	Stock or stock options	None	
12	Receipt of equipment,	_X_None	
	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or non- financial interests	X_None	
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