

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Instructions

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#### 4. Intellectual Property.

This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
Samantha Louise

2. Surname (Last Name)  
Harrison

3. Date  
15-June-2019

4. Are you the corresponding author?  Yes  No

5. Manuscript Title  
Perceptions of early discharge following lung surgery: I'm a patient "get me out of here"

6. Manuscript Identifying Number (if you know it)

### 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. Harrison 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) Pat	2. Surname (Last Name) Watson	3. Date 15-June-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Samantha Harrison
5. Manuscript Title Perceptions of early discharge following lung surgery: I'm a patient "get me out of here"		
6. Manuscript Identifying Number (if you know it)		

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

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Dr. Watson 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)  
Chloe

2. Surname (Last Name)  
Milburn

3. Date  
15-June-2019

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name  
Samantha Harrison

5. Manuscript Title  
Perceptions of early discharge following lung surgery: I'm a patient "get me out of here"

6. Manuscript Identifying Number (if you know it)

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Dr. Milburn 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) Fiona	2. Surname (Last Name) Bowe	3. Date 15-June-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Samantha Harrison
5. Manuscript Title Perceptions of early discharge following lung surgery: I'm a patient "get me out of here"		
6. Manuscript Identifying Number (if you know it)		

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### Section 1. Identifying Information

1. Given Name (First Name) Joel	2. Surname (Last Name) Dunning	3. Date 15-June-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Samantha Harrison
5. Manuscript Title Perceptions of early discharge following lung surgery: I'm a patient "get me out of here"		
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Dr. Dunning has nothing to disclose.

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