

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) Felice	2. Surname (Last Name) Lo Faso	3. Date 16-December-2016
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Luca Bertolaccini
5. Manuscript Title Biportal VATS approach in the treatment of penetrating thoracic trauma: a case report		
6. Manuscript Identifying Number (if you know it)		

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Are there any relevant conflicts of interest? Yes No

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Dr. Lo Faso has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Fabio	2. Surname (Last Name) Davoli	3. Date 16-December-2016
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Luca Bertolaccini
5. Manuscript Title Biportal VATS approach in the treatment of penetrating thoracic trauma: a case report		
6. Manuscript Identifying Number (if you know it)		

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Are there any relevant conflicts of interest? Yes No

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Are there any relevant conflicts of interest? Yes No

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Dr. Davoli has nothing to disclose.

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1. Given Name (First Name) Paolo	2. Surname (Last Name) Bagioni	3. Date 16-December-2016
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Luca Bertolaccini
5. Manuscript Title Biportal VATS approach in the treatment of penetrating thoracic trauma: a case report		
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Section 1. Identifying Information

1. Given Name (First Name)

Luca

2. Surname (Last Name)

Bertolaccini

3. Date

16-December-2016

4. Are you the corresponding author?

Yes No

5. Manuscript Title

Biportal VATS approach in the treatment of penetrating thoracic trauma: a case report

6. Manuscript Identifying Number (if you know it)

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