

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)
Marcin

2. Surname (Last Name)
Zieliński

3. Date
28-January-2017

4. Are you the corresponding author? Yes No

5. Manuscript Title
Subxiphoid thymectomy—technical variants

6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

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Dr. Zieliński has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Mariusz	2. Surname (Last Name) Rybak	3. Date 28-January-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Marcin Zieliński
5. Manuscript Title Subxiphoid thymectomy—technical variants		
6. Manuscript Identifying Number (if you know it)		

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Dr. Rybak 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) Katarzyna	2. Surname (Last Name) Solarczyk-Bombik	3. Date 28-January-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Marcin Zieliński
5. Manuscript Title Subxiphoid thymectomy—technical variants		
6. Manuscript Identifying Number (if you know it)		

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Dr. Solarczyk-Bombik has nothing to disclose.

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1. Given Name (First Name) Michal	2. Surname (Last Name) Wilkojc	3. Date 28-January-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Marcin Zieliński
5. Manuscript Title Subxiphoid thymectomy—technical variants		
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Section 1. Identifying Information

1. Given Name (First Name) Sylwewiusz	2. Surname (Last Name) Kosinski	3. Date 28-January-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Marcin Zieliński
5. Manuscript Title Subxiphoid thymectomy—technical variants		
6. Manuscript Identifying Number (if you know it)		

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Are there any relevant conflicts of interest? Yes No

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes No

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Section 1. Identifying Information

1. Given Name (First Name) Edward	2. Surname (Last Name) Fryzlewicz	3. Date 28-January-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Marcin Zieliński
5. Manuscript Title Subxiphoid thymectomy—technical variants		
6. Manuscript Identifying Number (if you know it)		

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Section 1. Identifying Information

1. Given Name (First Name) Tomasz	2. Surname (Last Name) Nabialek	3. Date 28-January-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Marcin Zieliński
5. Manuscript Title Subxiphoid thymectomy—technical variants		
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4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Marcin Zieliński
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