

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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Section 1. Identifying Information

1. Given Name (First Name)
Filippo

2. Surname (Last Name)
Longo

3. Date
15-February-2017

4. Are you the corresponding author? Yes No

5. Manuscript Title
Non intubated VATS: where do we stand?

6. Manuscript Identifying Number (if you know it)

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Dr. Longo has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Raffaele	2. Surname (Last Name) Rocco	3. Date 15-February-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Filippo Longo
5. Manuscript Title Non intubated VATS: where do we stand?		
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Dr. Rocco has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Pierfilippo	2. Surname (Last Name) Crucitti	3. Date 15-February-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Filippo Longo
5. Manuscript Title Non intubated VATS: where do we stand?		
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1. Given Name (First Name) Diego	2. Surname (Last Name) Gonzales-Rivas	3. Date 15-February-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Filippo Longo
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