

Instructions

The purpose of this form is to provide readers of your manuscript with information about your other interests that could influence how they receive and understand your work. The form is designed to be completed electronically and stored electronically. It contains programming that allows appropriate data display. Each author should submit a separate form and is responsible for the accuracy and completeness of the submitted information. The form is in six parts.

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Longo 1



Section 1.	Identifying Inform	ation			
1. Given Name (Fii Filippo	rst Name)	2. Surname Longo	e (Last Name)		. Date 5-February-2017
4. Are you the cor	responding author?	✓ Yes	No		
5. Manuscript Title Non intubated V	e 'ATS: where do we stan	d?			
6. Manuscript Ider	ntifying Number (if you kn	ow it)			
Section 2.	The Work Under Co	ancidorati	on for Bublication		
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Longo 2



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4. Are you the cor	responding author?	Yes ✓ No	Corresponding Author's Name Filippo Longo	
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Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the "Add +" box. You should report relationships that were present during the 36 months prior to publication . Are there any relevant conflicts of interest? Yes Vo				
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Crucitti 1



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Do you have any	patents, whether plan	ned, pending or issued, br	roadly relevant to the work? Yes No

Crucitti 2



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Gonzales-Rivas 1



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