

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)

JUN

2. Surname (Last Name)

SUZUKI

3. Date

01-April-2017

4. Are you the corresponding author?

Yes No

5. Manuscript Title

Our novel procedure for thoracoscopic anatomical segmentectomy

6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

Did you or your institution **at any time** receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

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Dr. SUZUKI has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Hiroyuki	2. Surname (Last Name) Oizumi	3. Date 01-April-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Jun Suzuki
5. Manuscript Title Our novel procedure for thoracoscopic anatomical segmentectomy		
6. Manuscript Identifying Number (if you know it)		

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Dr. Oizumi has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Hirohisa	2. Surname (Last Name) Kato	3. Date 01-April-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name JUN SUZUKI
5. Manuscript Title Our novel procedure for thoracoscopic anatomical segmentectomy		
6. Manuscript Identifying Number (if you know it)		

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Dr. Kato has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Makoto	2. Surname (Last Name) Endoh	3. Date 01-April-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name JUN SUZUKI
5. Manuscript Title Our novel procedure for thoracoscopic anatomical segmentectomy		
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1. Given Name (First Name) Akira	2. Surname (Last Name) Hamada	3. Date 01-April-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Jun Suzuki
5. Manuscript Title Our novel procedure for thoracoscopic anatomical segmentectomy		
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5. Manuscript Title Our novel procedure for thoracoscopic anatomical segmentectomy		
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

Section 4. Intellectual Property -- Patents & Copyrights

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Royalties: Funds are coming in to you or your institution due to your patent

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1. Given Name (First Name) Kenta	2. Surname (Last Name) Nakahashi	3. Date 01-April-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Jun Suzuki
5. Manuscript Title Our novel procedure for thoracoscopic anatomical segmentectomy		
6. Manuscript Identifying Number (if you know it)		

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4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name JUN SUZUKI
5. Manuscript Title Our novel procedure for thoracoscopic anatomical segmentectomy		
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