

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Mariusz

2. Surname (Last Name)
Łochowski

3. Date
19-April-2017

4. Are you the corresponding author? Yes No

5. Manuscript Title
Thoracoscopic pleural abrasion vs. apical pleurectomy in treatment of spontaneous pneumothorax

6. Manuscript Identifying Number (if you know it)
VATS-17-21

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Dr. Łochowski has nothing to disclose.Dr. Łochowski 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) Daniel	2. Surname (Last Name) Brzeziński	3. Date 19-April-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Mariusz Łochowski
5. Manuscript Title Thoracoscopic pleural abrasion vs. apical pleurectomy in treatment of spontaneous pneumothorax		
6. Manuscript Identifying Number (if you know it) VATS-17-21		

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Dr. Brzeziński has nothing to disclose.

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Łukasz

2. Surname (Last Name)

Pryt

3. Date

19-April-2017

4. Are you the corresponding author?

Yes

No

Corresponding Author's Name

Mariusz Łochowski

5. Manuscript Title

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VATS-17-21

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Dr. Pryt has nothing to disclose.

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1. Given Name (First Name)

Marek

2. Surname (Last Name)

Rębowski

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19-April-2017

4. Are you the corresponding author?

 Yes No

Corresponding Author's Name

Mariusz Łochowski

5. Manuscript Title

Thoracoscopic pleural abrasion vs. apical pleurectomy in treatment of spontaneous pneumothorax

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Józef

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Kozak

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Corresponding Author's Name

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