

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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Section 1. Identifying Information

1. Given Name (First Name)
Erkan

2. Surname (Last Name)
Kaba

3. Date
02-April-2017

4. Are you the corresponding author? Yes No

5. Manuscript Title
Right sided VATS thymectomy: "current standards of extended thymectomy for myasthenia gravis"

6. Manuscript Identifying Number (if you know it)
VATS-2017-MG-07

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Dr. Kaba has nothing to disclose.

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Tuğba

2. Surname (Last Name)

Coşgun

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02-April-2017

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Yes

No

Corresponding Author's Name

Erkan Kaba

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Dr. Coşgun has nothing to disclose.

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1. Given Name (First Name) Kemal	2. Surname (Last Name) Ayalp	3. Date 02-April-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Erkan Kaba
5. Manuscript Title Right sided VATS thymectomy: "current standards of extended thymectomy for myasthenia gravis"		
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1. Given Name (First Name) Mazen Rasmi	2. Surname (Last Name) Alomari	3. Date 02-April-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Erkan Kaba
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