

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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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)
Mariusz

2. Surname (Last Name)
Łochowski

3. Date
15-April-2017

4. Are you the corresponding author? Yes No

5. Manuscript Title
A case of Mullerian cyst resected by video assisted thoracoscopic surgery

6. Manuscript Identifying Number (if you know it)
VATS-17-26

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. Łochowski has nothing to disclose.

Evaluation and Feedback

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Section 1. Identifying Information

1. Given Name (First Name)
Wojciech

2. Surname (Last Name)
Kuncman

3. Date
15-April-2017

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Mariusz Łochowski

5. Manuscript Title

A case of Mullerian cyst resected by video assisted thoracoscopic surgery

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VATS-17-26

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1. Given Name (First Name)

Marek

2. Surname (Last Name)

Rębowski

3. Date

15-April-2017

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 Yes No

Corresponding Author's Name

Mariusz Łochowski

5. Manuscript Title

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Józef

2. Surname (Last Name)

Kozak

3. Date

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Corresponding Author's Name

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