

## 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) Guilherme	2. Surname (Last Name) Dal Agnol	3. Date 24-August-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Paula A. Ugalde
5. Manuscript Title Management of perioperative complications during uniportal video-assisted thoracoscopic surgery		
6. Manuscript Identifying Number (if you know it) _____		

### Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest?  Yes  No

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Dr. Dal Agnol has nothing to disclose.

### Evaluation and Feedback

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
Etienne

2. Surname (Last Name)  
Bourdages-Pageau

3. Date  
24-August-2017

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name  
Paula A. Ugalde

5. Manuscript Title  
Management of perioperative complications during uniportal video-assisted thoracoscopic surgery

6. Manuscript Identifying Number (if you know it)

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Dr. Bourdages-Pageau has nothing to disclose.

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1. Given Name (First Name) Iñigo	2. Surname (Last Name) Royo-Crespo	3. Date 24-August-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Paula A. Ugalde
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Paula

2. Surname (Last Name)  
Ugalde

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