

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)
Vincenzo

2. Surname (Last Name)
Ambrogi

3. Date
13-October-2017

4. Are you the corresponding author? Yes No

5. Manuscript Title
Value of nonintubated thoracoscopic biopsy for mediastinal masses

6. Manuscript Identifying Number (if you know it)

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Dr. Ambrogi has nothing to disclose.

Evaluation and Feedback

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Section 1. Identifying Information

1. Given Name (First Name)
Orazio

2. Surname (Last Name)
Schillaci

3. Date
13-October-2017

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Vincenzo Ambrogi

5. Manuscript Title
Value of nonintubated thoracoscopic biopsy for mediastinal masses

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1. Given Name (First Name) Filippo Tommaso	2. Surname (Last Name) Gallina	3. Date 13-October-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Vincenzo Ambrogi
5. Manuscript Title Value of nonintubated thoracoscopic biopsy for mediastinal masses		
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