

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)

Fabrizio

2. Surname (Last Name)

Minervini

3. Date

16-June-2018

4. Are you the corresponding author?

 Yes No

Corresponding Author's Name

Marco Scarci

5. Manuscript Title

Non-intubated awake uniportal VATS: how to start?

6. Manuscript Identifying Number (if you know it)

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1. Given Name (First Name)

Luca

2. Surname (Last Name)

Bertolaccini

3. Date

16-June-2018

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Yes No

Corresponding Author's Name

Marco Scarci

5. Manuscript Title

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Section 1. Identifying Information

1. Given Name (First Name)
Davide

2. Surname (Last Name)
Patrini

3. Date
16-June-2018

4. Are you the corresponding author? Yes No

Corresponding Author's Name
Marco Scarci

5. Manuscript Title
Non-intubated awake uniportal VATS: how to start?

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Benedetta

2. Surname (Last Name)

Bedetti

3. Date

16-June-2018

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Marco Scarci

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Lidia

2. Surname (Last Name)

Libretti

3. Date

16-June-2018

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Yes No

Corresponding Author's Name

Marco Scarci

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3. Date
16-June-2018

4. Are you the corresponding author? Yes No

5. Manuscript Title
Non-intubated awake uniportal VATS: how to start?

6. Manuscript Identifying Number (if you know it)

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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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