

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)
Alexandre

2. Surname (Last Name)
de Oliveira

3. Date
25-June-2019

4. Are you the corresponding author? Yes No

5. Manuscript Title
Feasibility, safety and effectiveness of videothoracoscopy with local anesthesia and sedation without tracheal intubation

6. Manuscript Identifying Number (if you know it)
VATS-18-45

Section 2. The Work Under Consideration for Publication

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Section 6. Disclosure Statement

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Dr. de Oliveira 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)
João Aléssio Juliano

2. Surname (Last Name)
Perfeito

3. Date
25-June-2019

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Alexandre de Oliveira

5. Manuscript Title
Feasibility, safety and effectiveness of videothoracoscopy with local anesthesia and sedation without tracheal intubation

6. Manuscript Identifying Number (if you know it)
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Section 1. Identifying Information

1. Given Name (First Name) Manoel João Batista Castello	2. Surname (Last Name) Girão	3. Date 25-June-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Alexandre de Oliveira
5. Manuscript Title Feasibility, safety and effectiveness of videothoracoscopy with local anesthesia and sedation without tracheal intubation		
6. Manuscript Identifying Number (if you know it) VATS-18-45		

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Mike

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Shyu

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Corresponding Author's Name
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