

## 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) Robert	2. Surname (Last Name) Herron	3. Date
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Alper Toker
5. Manuscript Title Outcomes of Robotic Segmentectomies		
6. Manuscript Identifying Number (if you know it) VATS-2019-RCS-05		

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

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Are there any relevant conflicts of interest?  Yes  No

### Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  Yes  No

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Dr. Herron has nothing to disclose.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Awori	2. Surname (Last Name) Hayanga	3. Date
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Alper Toker
5. Manuscript Title Outcomes of Robotic Segmentectomies		
6. Manuscript Identifying Number (if you know it) VATS-2019-RCS-05		

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Dr. Hayanga has nothing to disclose.

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1. Given Name (First Name) Erkan	2. Surname (Last Name) Kaba	3. Date
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Alper Toker
5. Manuscript Title Outcomes of Robotic Segmentectomies		
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1. Given Name (First Name)  
Ghulam

2. Surname (Last Name)  
Abbas

3. Date

4. Are you the corresponding author?

 Yes No

Corresponding Author's Name  
Alper Toker

5. Manuscript Title  
Outcomes of Robotic Segmentectomies

6. Manuscript Identifying Number (if you know it)  
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Dr. Abbas has nothing to disclose.

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### Section 1. Identifying Information

1. Given Name (First Name)  
Alper

2. Surname (Last Name)  
Toker

3. Date

4. Are you the corresponding author?  Yes  No

5. Manuscript Title  
Outcomes of Robotic Segmentectomies

6. Manuscript Identifying Number (if you know it)  
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