

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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2. The work under consideration for publication.

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4. Intellectual Property.

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Royalties: Funds are coming in to you or your institution due to your patent

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
23-December-1959

4. Are you the corresponding author? ☒ Yes ☐ No

5. Manuscript Title
Awake surgery for lung metastasectomy

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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Section 6. Disclosure Statement

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Dr. Ambrogi 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)
Federica

2. Surname (Last Name)
Carlea

3. Date
26-December-1990

4. Are you the corresponding author? ☒ Yes ☐ No

5. Manuscript Title
Awake surgery for lung metastasectomy

6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

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Dr. Carlea has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)

Eleonora

2. Surname (Last Name)

La Rocca

3. Date

15-November-1989

4. Are you the corresponding author?

☒ Yes ☐ No

5. Manuscript Title

Awake surgery for lung metastasectomy

6. Manuscript Identifying Number (if you know it)

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1. Given Name (First Name)
Tommaso Claudio

2. Surname (Last Name)
Mineo

3. Date
05-January-1945

4. Are you the corresponding author? ☒ Yes ☐ No

5. Manuscript Title
Awake surgery for lung metastasectomy

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