

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)

Ignacio

2. Surname (Last Name)

Sastre

3. Date

04-April-1990

4. Are you the corresponding author?

Yes No

5. Manuscript Title

THORACIC OUTLET SYNDROME: FIRST RIB RESECTION BY VIDEO-THORACOSCOPY USING TWO PORTS.

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. Sastre 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)

Manuel Isaac

2. Surname (Last Name)

España

3. Date

25-June-1989

4. Are you the corresponding author?

Yes No

5. Manuscript Title

THORACIC OUTLET SYNDROME: FIRST RIB RESECTION BY VIDEO-THORACOSCOPY USING TWO PORTS.

6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

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Dr. España has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)

Roberto Jorge

2. Surname (Last Name)

Ceballos

3. Date

23-March-1959

4. Are you the corresponding author?

Yes No

5. Manuscript Title

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1. Given Name (First Name)

Mario EF

2. Surname (Last Name)

Bustos

3. Date

18-November-1967

4. Are you the corresponding author?

Yes No

5. Manuscript Title

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