

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)

Duilio

2. Surname (Last Name)

Divisi

3. Date

29-January-2021

4. Are you the corresponding author?

Yes No

5. Manuscript Title

NON-INTUBATED THORACIC SURGERY. THE SURGEON PERSPECTIVE

6. Manuscript Identifying Number (if you know it)

VATS-2021-NITS-05 (VATS-21-6)

Section 2. The Work Under Consideration for Publication

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Dr. Divisi has nothing to disclose.

Evaluation and Feedback

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Section 1. Identifying Information

1. Given Name (First Name) Gino	2. Surname (Last Name) Zaccagna	3. Date 29-January-2021
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Duilio Divisi
5. Manuscript Title NON-INTUBATED THORACIC SURGERY. THE SURGEON PERSPECTIVE		
6. Manuscript Identifying Number (if you know it) VATS-2021-NITS-05 (VATS-21-6)		

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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Dr. Zaccagna has nothing to disclose.

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1. Given Name (First Name) Andrea	2. Surname (Last Name) De Vico	3. Date 29-January-2021
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Dulio Divisi
5. Manuscript Title NON-INTUBATED THORACIC SURGERY. THE SURGEON PERSPECTIVE		
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Roberto

2. Surname (Last Name)
Crisci

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29-January-2021

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Yes No

Corresponding Author's Name
Duilio Divisi

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