

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)

Giulio Luca

2. Surname (Last Name)

Rosboch

3. Date

12-January-2021

4. Are you the corresponding author?

Yes No

5. Manuscript Title

The Anesthesiologist Perspective

6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

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Dr. Rosboch has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Edoardo	2. Surname (Last Name) Ceraolo	3. Date 12-January-2021
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Giulio Luca Rosboch
5. Manuscript Title The Anesthesiologist Perspective		
6. Manuscript Identifying Number (if you know it)		

Section 2. The Work Under Consideration for Publication

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Dr. Ceraolo has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Eleonora	2. Surname (Last Name) Balzani	3. Date 12-January-2021
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Giulio Luca Rosboch
5. Manuscript Title The Anesthesiologist Perspective		
6. Manuscript Identifying Number (if you know it) VATS-2021-NITS-01 (VATS-21-2)		

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4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Giulio Luca Rosboch
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