

ICMJE DISCLOSURE FORM

Date: 2023.9.6.

Your Name: József Furák

Manuscript Title: Spontaneous ventilation with double-lumen tube intubation for video-assisted thoracic surgery thymectomy: A pilot study

Manuscript number (if known): _____

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

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In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items the time frame for disclosure is the past 36 months.

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Time frame: Since the initial planning of the work		
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Time frame: past 36 months		
2	Grants or contracts from any entity (if not indicated in item #1 above).	<u>None</u>
3	Royalties or licenses	<u>None</u>

4	Consulting fees	<u>None</u>
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<u>None</u>
6	Payment for expert testimony	<u>None</u>
7	Support for attending meetings and/or travel	<u>None</u>
8	Patents planned, issued or pending	<u>None</u>
9	Participation on a Data Safety Monitoring Board or Advisory Board	<u>None</u>
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<u>None</u>
11	Stock or stock options	<u>None</u>
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<u>None</u>
13	Other financial or non-financial interests	<u>None</u>

Please summarize the above conflict of interest in the following box:

ICMJE DISCLOSURE FORM

Date: 2023.9.6.

Your Name: Tibor Németh

Manuscript Title: Spontaneous ventilation with double-lumen tube intubation for video-assisted thoracic surgery thymectomy: A pilot study

Manuscript number (if known): _____

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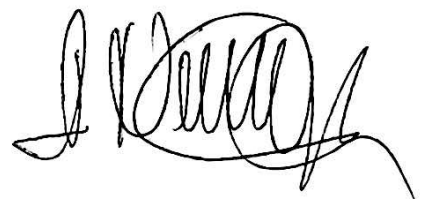
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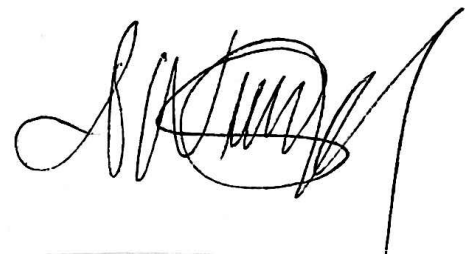
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Please place an "X" next to the following statement to indicate your agreement:



I certify that I have answered every question and have not altered the wording of any of the questions on this form.

A handwritten signature in black ink, located in the bottom right corner of the page. The signature is stylized and appears to be a name, possibly starting with 'S' and ending with a long, sweeping stroke.

ICMJE DISCLOSURE FORM

Date: 2023.9.6.

Your Name: Krisztina Budai

Manuscript Title: Spontaneous ventilation with double-lumen tube intubation for video-assisted thoracic surgery thymectomy: A pilot study

Manuscript number (if known): _____

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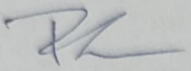
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KRISTINA BUDAI

ICMJE DISCLOSURE FORM

Date: 2023.9.6._____

Your Name: Attila Farkas_____

Manuscript Title: Spontaneous ventilation with double-lumen tube intubation for video-assisted thoracic surgery thymectomy: A pilot study

Manuscript number (if known): _____

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	___ None	
13	Other financial or non-financial interests	___ None	

Please summarize the above conflict of interest in the following box:

[Handwritten signature] *[Handwritten signature]* *[Handwritten signature]*

ICMJE DISCLOSURE FORM

Date: 2023.9.6._____

Your Name: Judit Lantos_____

Manuscript Title: Spontaneous ventilation with double-lumen tube intubation for video-assisted thoracic surgery thymectomy: A pilot study

Manuscript number (if known): _____

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

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I certify that I have answered every question and have not altered the wording of any of the questions on this form.

dr. Rants Juchit

ICMJE DISCLOSURE FORM

Date: 2023.9.6._____

Your Name: _____ Jennifer Romy Glenz_____

Manuscript Title: _____ Spontaneous ventilation with double-lumen tube intubation for video-assisted thoracic surgery thymectomy: A pilot study

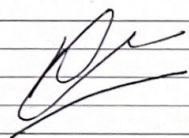
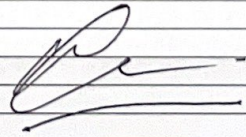
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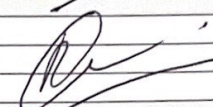

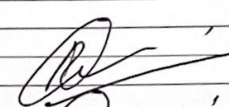
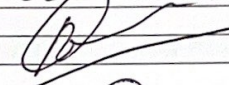

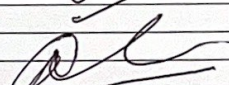
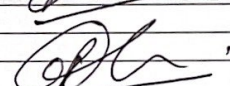
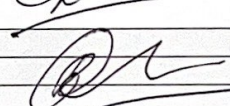
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ICMJE DISCLOSURE FORM

Date: 6.9.2023

Your Name: Csongor Fabo

Manuscript Title: Spontaneous ventilation with double-lumen tube intubation for video-assisted thoracic surgery thymectomy: **A pilot study**

Manuscript number (if known): _____

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ICMJE DISCLOSURE FORM

Date: 2023.9.6._____

Your Name: Ali Shadmanian_____

Manuscript Title: Spontaneous ventilation with double-lumen tube intubation for video-assisted thoracic surgery thymectomy: A pilot study

Manuscript number (if known): _____

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Please place an "X" next to the following statement to indicate your agreement:

ICMJE DISCLOSURE FORM

Date: 2023.9.6. _____

Your Name: András Buzás _____

Manuscript Title: Spontaneous ventilation with double-lumen tube intubation for video-assisted thoracic surgery thymectomy: A pilot study

Manuscript number (if known): _____

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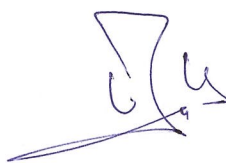
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NO CONFLICT OF INTEREST TO DECLARE

Please place an "X" next to the following statement to indicate your agreement:

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ALDRAS


JWAH