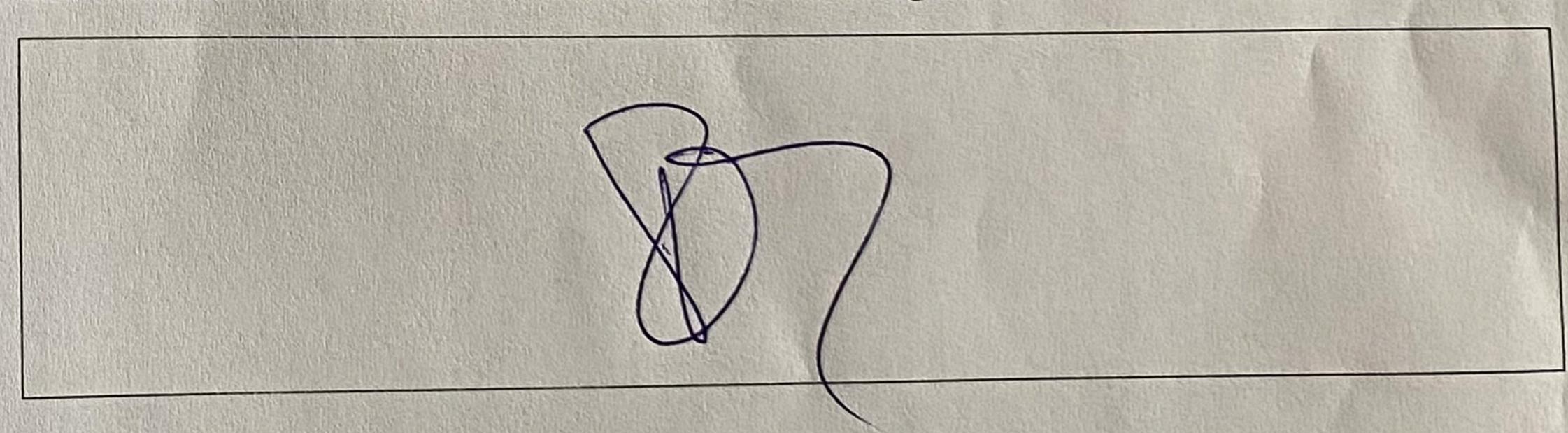
our Name:József Furák		
lanuscript Title:Spo loracic surgery thymecto	ntaneous ventilation without my: A pilot study	th double-lumen tube intubation for video-assisted
anuscript number (if know	n):	
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item #1 below, report all sue time frame for disclosure	ipport for the work report is the past 36 months.  Name all entities with	ed in this manuscript without time limit. For all other iter
item #1 below, report all su	Name all entities with whom you have this relationship or indicate none (add rows as	Specifications/Comments (e.g., if payments were made to you or to your institution)
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All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)	Name all entities with whom you have this relationship or indicate none (add rows as needed)  Time frame: Since the init None	Specifications/Comments (e.g., if payments were made to you or to your institution)
All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)	Name all entities with whom you have this relationship or indicate none (add rows as needed)  Time frame: Since the init None	Specifications/Comments (e.g., if payments were made to you or to your institution)
All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)	Name all entities with whom you have this relationship or indicate none (add rows as needed)  Time frame: Since the init None	Specifications/Comments (e.g., if payments were made to you or to your institution)  all planning of the work
All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article	Name all entities with whom you have this relationship or indicate none (add rows as needed)  Time frame: Since the init	Specifications/Comments (e.g., if payments were made to you or to your institution)  all planning of the work

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

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



Date:_2023.9.6	
Your Name:Tibor Németh	
Manuscript Title: Spontaneous ventilation with d	ouble-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 re related to the content of your manuscript. "Related" means parties whose interests may be affected by the content of to transparency and does not necessarily indicate a bias. If	s any relation with for-profit of flot-lof-profit time he manuscript. Disclosure represents a commitment

The following questions apply to the author's relationships/activities/interests as they relate to the <u>current</u> manuscript only.

relationship/activity/interest, it is preferable that you do so.

The author's relationships/activities/interests should be <u>defined broadly</u>. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)  al planning of the work
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1	All support for the present	None	
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	processing charges, etc.)		
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		Time frame: pas	st 36 months
2	Grants or contracts from	None	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	None	



4	Consulting fees	None	
5	Payment or honoraria for	None	
	lectures, presentations, speakers bureaus, manuscript writing or educational events		
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
34			
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	
11	Stock or stock options	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non- financial interests	None	
Ple	ease summarize the above co	onflict of interest in the f	ollowing box:

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

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Date:_2023.9.6	
Your Name:Krisztin	a Budai
Manuscript Title: thoracic surgery th	Spontaneous ventilation with double-lumen tube intubation for video-assisted ymectomy: 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.

The following questions apply to the author's relationships/activities/interests as they relate to the <u>current</u> manuscript only.

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		Name all entities with whom you have this relationship or indicate none (add rows as needed)  Time frame: Since the initi	Specifications/Comments (e.g., if payments were made to you or to your institution)
			ar planning of the work
1	All support for the present	None	
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2	Grants or contracts from	None	g laborate the state of the sta
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	None	

Payment or honoraria for lectures, presentations,					
	None				
speakers bureaus, manuscript writing or educational events	None				
Payment for expert testimony	None				
Support for attending meetings and/or travel	None				
Patents planned, issued or pending	None				
Participation on a Data Safety Monitoring Board or Advisory Board	None				
Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None				
Stock or stock options	None				
Receipt of equipment, materials, drugs, medical writing, gifts or other	None				
Other financial or non- financial interests	None				
THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO I	Patents planned, issued or pending  Participation on a Data Safety Monitoring Board or Advisory Board  Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid Stock or stock options  Receipt of equipment, materials, drugs, medical writing, gifts or other services  Other financial or non-	Patents planned, issued or pending  Participation on a Data Safety Monitoring Board or Advisory Board Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid Stock or stock options  Receipt of equipment, materials, drugs, medical writing, gifts or other services Other financial or non-  None	Patents planned, issued or pending  Participation on a Data Safety Monitoring Board or Advisory Board Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid Stock or stock options  Receipt of equipment, materials, drugs, medical writing, gifts or other services Other financial or non-  None	Patents planned, issued or pending  Participation on a Data Safety Monitoring Board or Advisory Board Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid Stock or stock options  Receipt of equipment, materials, drugs, medical writing, gifts or other services Other financial or non-  None	Patents planned, issued or pending  Participation on a Data Safety Monitoring Board or Advisory Board  Leadership or fiduciary role nother board, society, committee or advocacy group, paid or unpaid Stock or stock options  Receipt of equipment, materials, drugs, medical writing, gifts or other services  Other financial or non-  None

I certify that I have answorm.	rered every ques	tion and have no	ot altered the v	ording of any of	f the questions or	1 th
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Da	ite:_2023.9.6		
_	ur Name:Attila Farkas		
	anuscript Title: Spor oracic surgery thymector		h double-lumen tube intubation for video-assisted
M	anuscript number (if known	):	
rel pa to	ated to the content of your rties whose interests may b	manuscript. "Related" me e affected by the content on necessarily indicate a bias.	I relationships/activities/interests listed below that are ans any relation with for-profit or not-for-profit third of the manuscript. Disclosure represents a commitment If you are in doubt about whether to list a poso.
	e following questions apply anuscript only.	to the author's relationsh	ips/activities/interests as they relate to the current
to		ension, you should declare	defined broadly. For example, if your manuscript pertains all relationships with manufacturers of antihypertensive the manuscript.
	item #1 below, report all su e time frame for disclosure i		ed in this manuscript without time limit. For all other items
		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
		Time frame: Since the initia	l planning of the work
L	All support for the present manuscript (e.g., funding,	None	

Time frame: past 36 months

None

None

provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.

Grants or contracts from

in item #1 above).

Royalties or licenses

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4	Canaulting food	None	
4	Consulting fees	None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	
11	Stock or stock options	None	
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:

	Atila
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Date:_2023.9.6
/our Name:Judit Lantos
Manuscript Title: Spontaneous ventilation with double-lumen tube intubation for video-assisted horacic surgery thymectomy: A pilot study
Vanuscript 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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		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
		Time frame: Since the initial	planning of the work
1	All support for the present	None	
	manuscript (e.g., funding, provision of study materials, medical writing, article		
	processing charges, etc.)		
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2	Grants or contracts from	None	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	None	

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

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

dr. Couts Judit

Date:_2023.9.6	
_ Your Name: Jen	nifer Romy Glenz
	Spontaneous ventilation with double-lumen tube intubation for video-assisted vmectomy: A pilot study
Manuscript number (i	f 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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		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
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1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)  No time limit for this item.	None	
	Halland Bala State i	Time frame: pas	st 36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	
4	Consulting fees	None	

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	lectures, presentations,		W/ ·
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	educational events		
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8	Patents planned, issued or	None	
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9	Participation on a Data	None	Con ,
	Safety Monitoring Board or		///
	Advisory Board		
10	Leadership or fiduciary role in other board, society, committee or advocacy	None	
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11	Stock or stock options	None	
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12	Receipt of equipment,	None	
	materials, drugs, medical		10th ~
	writing, gifts or other services		900
13	Other financial or non-	None	
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Please summarize the above conflict of interest in the following box:

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

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

Date:		$\sim$	2	$\sim$	1
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Your Name: Csongor Fabo

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

thymectomy: A pilot study

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The following questions apply to the author's relationships/activities/interests as they relate to the <u>current</u> <u>manuscript only</u>.

The author's relationships/activities/interests should be <u>defined broadly</u>. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

		Name all entities with whom you have this relationship or indicate none (add rows as needed)  Time frame: Since the initial	Specifications/Comments (e.g., if payments were made to you or to your institution)
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)  No time limit for this item.	None	
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	
4	Consulting fees	None	

5	Payment or honoraria for	None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	None	
	testimony		
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or	None	
	pending		
9	Participation on a Data	None	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	None	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	None	
12	Receipt of equipment,	None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	None	
	financial interests		
Ple	ease summarize the above c	onflict of interest in the fo	llowing box:

\_X\_ I certify that I have answered every question and have not altered the wording of any of the questions on this 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):
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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		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
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1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article	None	
	processing charges, etc.) No time limit for this item.		
		Time frame: pa	st 36 months
2	Grants or contracts from any entity (if not indicated	None	
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3	Royalties or licenses	None	

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	speakers bureaus,		
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6	Payment for expert testimony	None	
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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):
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

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1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)  No time limit for this item.	None	
	(1) 10 10 10 10 10 10 10 10 10 10 10 10 10	Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	

4	Consulting fees	None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	
11	Stock or stock options	None	
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:

NO CONFLICT	OF	luté les	(0)	DECLARE

\_X\_\_ I certify that I have answered every question and have not altered the wording of any of the questions on this

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