

## ICMJE DISCLOSURE FORM

**Date:** 13-10-2023

**Your Name:** Sergio Bolufer Nadal

**Manuscript Title:** Uniportal video-assisted thoracoscopic surgery (U-VATS) bronchial and vascular sleeve resections.

**Manuscript number (if known):** VATS-23-44

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.

|   |  | 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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| 8  | Patents planned, issued or pending   | <input checked="" type="checkbox"/> None |  |
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**Please summarize the above conflict of interest in the following box:**

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## ICMJE DISCLOSURE FORM

**Date:** 13-10-2023

**Your Name:** Julio Sesma Romero

**Manuscript Title:** Uniportal video-assisted thoracoscopic surgery (U-VATS) bronchial and vascular sleeve resections.

**Manuscript number (if known):** VATS-23-44

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## ICMJE DISCLOSURE FORM

**Date:** 13-10-2023

**Your Name:** Leyre Sebastián Belloch

**Manuscript Title:** Uniportal video-assisted thoracoscopic surgery (U-VATS) bronchial and vascular sleeve resections.

**Manuscript number (if known):** VATS-23-44

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## ICMJE DISCLOSURE FORM

**Date:** 13-10-2023

**Your Name:** Sergio Maroto Molina

**Manuscript Title:** Uniportal video-assisted thoracoscopic surgery (U-VATS) bronchial and vascular sleeve resections.

**Manuscript number (if known):** VATS-23-44

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## ICMJE DISCLOSURE FORM

**Date:** 13-10-2023

**Your Name:** Xavier Vaillo Figuerola

**Manuscript Title:** Uniportal video-assisted thoracoscopic surgery (U-VATS) bronchial and vascular sleeve resections.

**Manuscript number (if known):** VATS-23-44

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## ICMJE DISCLOSURE FORM

**Date:** 13-10-2023

**Your Name:** Francisco Lirio Gran

**Manuscript Title:** Uniportal video-assisted thoracoscopic surgery (U-VATS) bronchial and vascular sleeve resections.

**Manuscript number (if known):** VATS-23-44

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## ICMJE DISCLOSURE FORM

**Date:** 13-10-2023

**Your Name:** Jone Miren del Campo Mira

**Manuscript Title:** Uniportal video-assisted thoracoscopic surgery (U-VATS) bronchial and vascular sleeve resections.

**Manuscript number (if known):** VATS-23-44

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## ICMJE DISCLOSURE FORM

**Date:** 13-10-2023

**Your Name:** Carlos Gálvez Muñoz

**Manuscript Title:** Uniportal video-assisted thoracoscopic surgery (U-VATS) bronchial and vascular sleeve resections.

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