

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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Section 1. Identifying Information

1. Given Name (First Name) Pietro	2. Surname (Last Name) Bertoglio	3. Date 18-October-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Francesco Guerrera
5. Manuscript Title Surgery after pneumonectomy: it is all a matter of balance		
6. Manuscript Identifying Number (if you know it)		

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Are there any relevant conflicts of interest? Yes No

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Dr. Bertoglio has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Paraskevas	2. Surname (Last Name) Lyberis	3. Date 18-October-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Francesco Guerrera
5. Manuscript Title Surgery after pneumonectomy: it is all a matter of balance		
6. Manuscript Identifying Number (if you know it)		

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Dr. Lyberis has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Andrea	2. Surname (Last Name) Viti	3. Date 18-October-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Francesco Guerrera
5. Manuscript Title Surgery after pneumonectomy: it is all a matter of balance		
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1. Given Name (First Name) Alberto	2. Surname (Last Name) Terzi	3. Date 18-October-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Francesco Guerrera
5. Manuscript Title Surgery after pneumonectomy: it is all a matter of balance		
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Francesco

2. Surname (Last Name)
Guerrera

3. Date
18-October-2017

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5. Manuscript Title
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