ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

The purpose of this form is to provide readers of your manuscript with information about your other interests that could influence how they receive and understand your work. The form is designed to be completed electronically and stored electronically. It contains programming that allows appropriate data display. Each author should submit a separate form and is responsible for the accuracy and completeness of the submitted information. The form is in six parts.

1. Identifying information.

2. The work under consideration for publication.

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This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

5. Relationships not covered above.

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- **Royalties:** Funds are coming in to you or your institution due to your patent
ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Vincenzo
2. Surname (Last Name) Ambrogi
3. Date 23-December-1959
4. Are you the corresponding author? Yes ☑ No

5. Manuscript Title
Awake surgery for lung metastasectomy

6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

Did you or your institution at any time receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?
Are there any relevant conflicts of interest? Yes ☐ No ☑

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Are there any relevant conflicts of interest? Yes ☐ No ☑

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes ☐ No ☑
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Section 6. Disclosure Statement

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Dr. Ambrogi has nothing to disclose.

Evaluation and Feedback

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  Federica
2. Surname (Last Name)  Carlea
3. Date  26-December-1990
4. Are you the corresponding author?  Yes  No

5. Manuscript Title
   Awake surgery for lung metastasectomy

6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

Did you or your institution at any time receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?
Are there any relevant conflicts of interest?  Yes  No

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Are there any relevant conflicts of interest?  Yes  No

Section 4. Intellectual Property -- Patents & Copyrights

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Dr. Carlea has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  Eleonora
2. Surname (Last Name)  La Rocca
3. Date  15-November-1989
4. Are you the corresponding author?  ✔ Yes  No

5. Manuscript Title
Awake surgery for lung metastasectomy

6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

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### Section 1. Identifying Information

1. Given Name (First Name)  
   Tommaso Claudio

2. Surname (Last Name)  
   Mineo

3. Date  
   05-January-1945

4. Are you the corresponding author?  
   ✔ Yes  
   No

5. Manuscript Title  
   Awake surgery for lung metastasectomy

6. Manuscript Identifying Number (if you know it)

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Dr. Mineo has nothing to disclose.

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