ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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**ICMJE Form for Disclosure of Potential Conflicts of Interest**

### Section 1. Identifying Information

1. Given Name (First Name)  
   Duilio

2. Surname (Last Name)  
   Divisi

3. Date  
   29-January-2021

4. Are you the corresponding author?  
   ✔ Yes  
   No

5. Manuscript Title  
   NON-INTUBATED THORACIC SURGERY. THE SURGEON PERSPECTIVE

6. Manuscript Identifying Number (if you know it)  
   VATS-2021-NITS-05 (VATS-21-6)

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Are there any relevant conflicts of interest?  
   ✔ Yes  
   No

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Dr. Divisi has nothing to disclose.

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Zaccagna
ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
Gino

2. Surname (Last Name)  
Zaccagna

3. Date  
29-January-2021

4. Are you the corresponding author?  
No

Corresponding Author’s Name  
Duilio Divisi

5. Manuscript Title  
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No

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  
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1. Given Name (First Name)  
   Andrea

2. Surname (Last Name)  
   De Vico

3. Date  
   29-January-2021

4. Are you the corresponding author?  
   ☑ No

5. Manuscript Title  
   NON-INTUBATED THORACIC SURGERY. THE SURGEON PERSPECTIVE

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1. Given Name (First Name)  
   Roberto

2. Surname (Last Name)  
   Crisci

3. Date  
   29-January-2021

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   Yes ☐   No ☑

   Corresponding Author’s Name
   Duilio Divisi

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