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)  
   Giulio Luca

2. Surname (Last Name)  
   Rosboch

3. Date  
   12-January-2021

4. Are you the corresponding author?  
   ✔ Yes  
   ☐ No

5. Manuscript Title  
   The Anesthesiologist Perspective

6. Manuscript Identifying Number (if you know it)

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**Section 2. The Work Under Consideration for Publication**

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Dr. Rosboch has nothing to disclose.

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<td>Edoardo</td>
<td>Ceraolo</td>
<td>12-January-2021</td>
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</table>

4. Are you the corresponding author? □ Yes ☑ No

Corresponding Author’s Name: Giulio Luca Rosboch

5. Manuscript Title
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6. Manuscript Identifying Number (if you know it)

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Dr. Ceraolo has nothing to disclose.

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<tr>
<td>Eleonora</td>
<td>Balzani</td>
<td>12-January-2021</td>
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4. Are you the corresponding author? [ ] Yes [x] No

5. Manuscript Title
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6. Manuscript Identifying Number (if you know it)
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1. Given Name (First Name) Federico
2. Surname (Last Name) Piccioni
3. Date 12-January-2021
4. Are you the corresponding author? No
5. Manuscript Title The Anesthesiologist Perspective
6. Manuscript Identifying Number (if you know it) VATS-2021-NITS-01 (VATS-21-2)

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Dr. Brazzi has nothing to disclose.

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