

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.

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2. The work under consideration for publication.

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4. Intellectual Property.

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) Eihab	2. Surname (Last Name) Abdelfatah	3. Date 23-March-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Elisabeth Dexter
5. Manuscript Title Robotic Thoracic and Esophageal Surgery: A Critical Review of Comparative Outcomes		
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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Are there any relevant conflicts of interest? Yes No

Section 4. Intellectual Property -- Patents & Copyrights

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Section 6. Disclosure Statement

Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Dr. Abdelfatah 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)
Sean

2. Surname (Last Name)
Jordan

3. Date
24-March-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Elisabeth Dexter

5. Manuscript Title
Robotic Thoracic and Esophageal Surgery: A Critical Review of Comparative Outcomes

6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

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Section 4. Intellectual Property -- Patents & Copyrights

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Dr. Jordan has nothing to disclose.

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1. Given Name (First Name) Elisabeth	2. Surname (Last Name) Dexter	3. Date 23-March-2020
4. Are you the corresponding author? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
5. Manuscript Title Robotic Thoracic and Esophageal Surgery: A Critical Review of Comparative Outcomes		
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Are there any relevant conflicts of interest? Yes No

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Up To Date	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Royalties

Section 4. Intellectual Property -- Patents & Copyrights

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Dr. Dexter reports personal fees from Up To Date, outside the submitted work; .

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Section 1. Identifying Information

1. Given Name (First Name) Chukwumere	2. Surname (Last Name) Nwogu	3. Date 24-March-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name _____
5. Manuscript Title "Robotic Assisted Thoracic Surgery"		
6. Manuscript Identifying Number (if you know it) _____		

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Dr. Nwogu has nothing to disclose.

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