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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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  Anny
2. Surname (Last Name) GODIN
3. Date 04-November-2019

4. Are you the corresponding author?  Yes  No

Corresponding Author’s Name
Dr Moishe LIBERMAN

5. Manuscript Title
The future of surgical lung biopsy: moving from the operating room to the bronchoscopy suite

6. Manuscript Identifying Number (if you know it)
CCTS-19-38

Section 2. The Work Under Consideration for Publication

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Dr. GODIN has nothing to disclose.

Evaluation and Feedback
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Section 1. Identifying Information

1. Given Name (First Name)  Juan Carlos
2. Surname (Last Name)  Molina
3. Date  04-November-2019
4. Are you the corresponding author?  
   Yes  ✔ No
Corresponding Author’s Name  Dr. Moishe LIBERMAN

5. Manuscript Title  
The future of surgical lung biopsy: moving from the operating room to the bronchoscopy suite

6. Manuscript Identifying Number (if you know it)  CCTS-19-38

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest?  
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Dr. Molina has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  
   Julie

2. Surname (Last Name)  
   Morisset

3. Date  
   04-November-2019

4. Are you the corresponding author?  
   Yes  No

   Corresponding Author’s Name  
   Dr Moishe LIBERMAN

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If yes, please fill out the appropriate information below.

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<th>Personal Fees?</th>
<th>Non-Financial Support?</th>
<th>Other?</th>
<th>Comments</th>
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Dr. Morisset reports personal fees from Hoffman-La Roche, personal fees from Boehringer Ingelheim, outside the submitted work.

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1. Given Name (First Name)  Moishe
2. Surname (Last Name)  LIBERMAN
3. Date  04-November-2019
4. Are you the corresponding author?  Yes  No
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