ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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<table>
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<tr>
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<th>2. Surname (Last Name)</th>
<th>3. Date</th>
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<tr>
<td>camilla</td>
<td>poggi</td>
<td>28-August-2019</td>
</tr>
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</table>

4. Are you the corresponding author? [ ] Yes  [✓] No  
Corresponding Author’s Name: marco anile

5. Manuscript Title
Closure of late bronchopleural fistula with atrial septal occluder

6. Manuscript Identifying Number (if you know it)
CCTS-2019-11

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Dr. poggi has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  
daniele

2. Surname (Last Name)  
diso

3. Date  
28-August-2019

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

Corresponding Author's Name  
marco anile

5. Manuscript Title  
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CCTS-2019-11

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1. **Given Name (First Name)**
   - gaetano

2. **Surname (Last Name)**
   - tanzilli

3. **Date**
   - 28-August-2019

4. **Are you the corresponding author?**
   - [ ] Yes   [x] No

   **Corresponding Author’s Name**
   - marco anile

5. **Manuscript Title**
   - Closure of late bronchopleural fistula with atrial septal occluder

6. **Manuscript Identifying Number (if you know it)**
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1. Given Name (First Name)  
   federico

2. Surname (Last Name)  
   venuta

3. Date  
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   [x] No

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   marco anile

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   marco

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   anile

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