ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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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)  
   Alessandra

2. Surname (Last Name)  
   Mazzucco

3. Date  
   21-April-1987

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

5. Manuscript Title  
   New frontiers in VATS lobectomy: the experience of the Thoracic Surgery Residency Program in Milan

6. Manuscript Identifying Number (if you know it)  
   CCTS-2019-TSB-16(CCTS-19-86)

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Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  
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Dr. Mazzucco has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) 
   Alessandro

2. Surname (Last Name) 
   Palleschi

3. Date 
   13-January-1978

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

   Corresponding Author’s Name
   Alessandra_mazzucco

5. Manuscript Title 
   New frontiers in VATS lobectomy: the experience of the Thoracic Surgery Residency Program in Milan

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1. Given Name (First Name)  
Valeria

2. Surname (Last Name)  
Musso

3. Date  
21-November-1992

4. Are you the corresponding author?  
☐ Yes  ☑ No  
Corresponding Author’s Name  
Alessandra Mazzucco

5. Manuscript Title  
New frontiers in VATS lobectomy: the experience of the Thoracic Surgery Residency Program in Milan

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CCTS-2019-TSB-16(CCTS-19-86)

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Section 1. Identifying Information

1. Given Name (First Name)
Gianluca

2. Surname (Last Name)
Bonitta

3. Date
27-December-1976

4. Are you the corresponding author? ☒ No

Corresponding Author’s Name
Alessandra Mazzucco

5. Manuscript Title
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Section 1. Identifying Information

1. Given Name (First Name)  
Mario

2. Surname (Last Name)  
Nosotti

3. Date  
27-April-1956

4. Are you the corresponding author?  
☑ No

Corresponding Author’s Name  
Alessandra Mazzucco

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Dr. Nosotti has nothing to disclose.

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