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.
3. Relevant financial activities outside the submitted work.
5. Relationships not covered above.

Definitions.

Entity: government agency, foundation, commercial sponsor, academic institution, etc.
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Other: Anything not covered under the previous three boxes
Pending: The patent has been filed but not issued
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Licensed: The patent has been licensed to an entity, whether earning royalties or not
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) Dominik Valentin
2. Surname (Last Name) Flury
3. Date 20-March-2020
4. Are you the corresponding author? Yes No
   Corresponding Author’s Name Patrick Dorn
5. Manuscript Title
   Uniportal thoracoscopic surgery for pulmonary arteriovenous malformations – Report of technique and case series
6. Manuscript Identifying Number (if you know it)
   Manuscript ID: CCTS-20-43

Section 2. The Work Under Consideration for Publication

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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

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes No
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Section 6. Disclosure Statement

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Dr. Flury has nothing to disclose.

Evaluation and Feedback

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**Section 1. Identifying Information**

1. Given Name (First Name)  
   Gregor

2. Surname (Last Name)  
   Kocher

3. Date  
   25-March-2020

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

   Corresponding Author’s Name  
   Patrick Dorn

5. Manuscript Title  
   Uniportal thoracoscopic surgery for pulmonary arteriovenous malformations – Report of technique and case series

6. Manuscript Identifying Number (if you know it)  
   Manuscript ID: CCTS-20-43

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Dr. Kocher has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

**Section 1. Identifying Information**

1. Given Name (First Name)  Jon Andri  
2. Surname (Last Name)  Lutz  
3. Date  20-March-2020  
4. Are you the corresponding author?  Yes ☐  No ☑  
   Corresponding Author’s Name  Patrick Dorn  
5. Manuscript Title  Uniportal thoracoscopic surgery for pulmonary arteriovenous malformations – Report of technique and case series  
6. Manuscript Identifying Number (if you know it)  Manuscript ID: CCTS-20-43

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

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Are there any relevant conflicts of interest?  Yes ☐  No ☑

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Dr. Lutz has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  Ralph
2. Surname (Last Name)  Schmid
3. Date  20-April-2020
4. Are you the corresponding author?  Yes  No
   Corresponding Author’s Name  Patrick Dorn
5. Manuscript Title
   Uniportal thoracoscopic surgery for pulmonary arteriovenous malformations – Report of technique and case series
6. Manuscript Identifying Number (if you know it)
   Manuscript ID: CCTS-20-43

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Are there any relevant conflicts of interest?  Yes  No

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# ICMJE Form for Disclosure of Potential Conflicts of Interest

## Section 1. Identifying Information

1. **Given Name (First Name)**  
   Patrick
2. **Surname (Last Name)**  
   Dorn
3. **Date**  
   19-March-2020
4. **Are you the corresponding author?**  
   ✔ Yes    ☐ No

5. **Manuscript Title**  
   Uniportal thoracoscopic surgery for pulmonary arteriovenous malformations – Report of technique and case series

6. **Manuscript Identifying Number (if you know it)**  
   CCTS-20-43

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Are there any relevant conflicts of interest?  
☐ Yes    ✔ No

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Dr. Dorn has nothing to disclose.

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