ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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# ICMJE Form for Disclosure of Potential Conflicts of Interest

## Section 1. Identifying Information

1. **Given Name (First Name)**  
   Luca

2. **Surname (Last Name)**  
   Bertolaccini

3. **Date**  
   17-April-2020

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

   **Corresponding Author’s Name**  
   Francesco Zaraca MD

5. **Manuscript Title**  
   Thoracic Surgery without Borders: an Italian-German meeting

6. **Manuscript Identifying Number (if you know it)**  
   CCTS-2019-TSB-22

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Are there any relevant conflicts of interest?  
- [ ] Yes  
- ✔ No

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Section 6. Disclosure Statement

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Dr. Bertolaccini has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  
   Roberto

2. Surname (Last Name)  
   Crisci

3. Date  
   17-April-2020

4. Are you the corresponding author?  
   Yes ☑ No

   Corresponding Author’s Name  
   Francesco Zaraca MD

5. Manuscript Title  
   Thoracic Surgery without Borders: an Italian-German meeting

6. Manuscript Identifying Number (if you know it)  
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Section 1. Identifying Information

1. Given Name (First Name) Reinhold
2. Surname (Last Name) Perkmann
3. Date 17-April-2020

4. Are you the corresponding author? ☑ No

5. Manuscript Title
   Thoracic Surgery without Borders: an Italian-German meeting

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<tr>
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<tbody>
<tr>
<td>Francesco</td>
<td>Zaraca</td>
<td>17-April-2020</td>
</tr>
</tbody>
</table>

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