

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Instructions

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### Section 1. Identifying Information

1. Given Name (First Name) camilla	2. Surname (Last Name) poggi	3. Date 28-August-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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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## ICMJE Form for Disclosure of Potential Conflicts of Interest

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1. Given Name (First Name) daniele	2. Surname (Last Name) diso	3. Date 28-August-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name marco anile
5. Manuscript Title Closure of late bronchopleural fistula with atrial septal occluder		
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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?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name marco anile
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1. Given Name (First Name) federico	2. Surname (Last Name) venuta	3. Date 28-August-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name marco anile
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marco

2. Surname (Last Name)  
anile

3. Date  
28-August-2019

4. Are you the corresponding author?  Yes  No

5. Manuscript Title  
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