

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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4. Intellectual Property.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Ammara

2. Surname (Last Name)
Watkins

3. Date
27-April-2020

4. Are you the corresponding author? Yes No

5. Manuscript Title
Revision tracheobronchoplasty: case report

6. Manuscript Identifying Number (if you know it)
CCTS-19-36

Section 2. The Work Under Consideration for Publication

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Dr. Watkins has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
Jennifer

2. Surname (Last Name)
Wilson

3. Date
27-April-2020

4. Are you the corresponding author?

 Yes No

Corresponding Author's Name

5. Manuscript Title
Revision tracheobronchoplasty: case report

6. Manuscript Identifying Number (if you know it)

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Dr. Wilson has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Mihir	2. Surname (Last Name) Parikh	3. Date 20-April-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name _____
5. Manuscript Title Revision tracheobronchoplasty: case report		
6. Manuscript Identifying Number (if you know it) _____		

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Dr. Parikh has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)

Adnan

2. Surname (Last Name)

Majid

3. Date

28-April-2020

4. Are you the corresponding author?

 Yes No

Corresponding Author's Name

5. Manuscript Title

Revision tracheobronchoplasty: case report

6. Manuscript Identifying Number (if you know it)

CCTS-19-36

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Dr. Majid has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Sidhu	2. Surname (Last Name) Gangadharan	3. Date 27-April-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name _____
5. Manuscript Title Revision tracheobronchoplasty: case report		
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