ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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Mangiameli
# ICMJE Form for Disclosure of Potential Conflicts of Interest

## Section 1. Identifying Information

1. **Given Name (First Name)**
   - Giuseppe

2. **Surname (Last Name)**
   - Mangiameli

3. **Date**
   - 31-August-2020

4. Are you the corresponding author?  
   - Yes ✔

5. **Manuscript Title**
   - Surgical treatment of locally advanced T4 non small cell lung cancer with mechanical circulatory support

6. **Manuscript Identifying Number (if you know it)**
   - CCTS-2020-MEC-04(CCTS-20-131)

---

## Section 2. The Work Under Consideration for Publication

Did you or your institution at any time receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

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

---

## Section 3. Relevant financial activities outside the submitted work.

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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  
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Dr. Mangiameli has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) emanuele
2. Surname (Last Name) voulaz
3. Date 31-August-2020

4. Are you the corresponding author? ☑ No

5. Manuscript Title
Surgical treatment of locally advanced T4 non small cell lung cancer with mechanical circulatory support

6. Manuscript Identifying Number (if you know it)
CCTS-2020-MEC-04(CCTS-20-131)

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Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? ☑ No

voulaz
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Dr. voulaz has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  
alberto

2. Surname (Last Name)  
testori

3. Date  
31-August-2020

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

Corresponding Author’s Name  
giuseppe mangiameli

5. Manuscript Title  
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6. Manuscript Identifying Number (if you know it)  
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Dr. testori has nothing to disclose.

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1. Given Name (First Name)      umberto
2. Surname (Last Name)          cariboni
3. Date                         31-August-2020
4. Are you the corresponding author?  ☑ No
5. Manuscript Title             Surgical treatment of locally advanced T4 non small cell lung cancer with mechanical circulatory support
6. Manuscript Identifying Number (if you know it)  CCTS-2020-MEC-04(CCTS-20-131)

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Dr. cariboni has nothing to disclose.

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1. Given Name (First Name)  
   marco

2. Surname (Last Name)  
   alloisio

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   31-August-2020

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   Corresponding Author's Name  
   giuseppe mangiameli

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Dr. alloisio has nothing to disclose.

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