

ICMJJE DISCLOSURE FORM

Date: May 24th, 2024

Your Name: Sebastian Fernandez-Bussy

Manuscript Title: Robotic-Assisted Bronchoscopy: A Narrative Review of Systems

Manuscript number (if known): JTD-24-456-CL

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

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3	Royalties or licenses	<input checked="" type="checkbox"/> None	
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7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/>	Editorial Board Member for the Journal of Thoracic Disease
11	Stock or stock options	<input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

Please summarize the above conflict of interest in the following box:

The author is an Editorial Board Member for the Journal of Thoracic Disease

Please place an "X" next to the following statement to indicate your agreement:

I certify that I have answered every question and have not altered the wording of any of the questions on this form.

ICMJE DISCLOSURE FORM

Date: May 24th, 2024

Your Name: Nikitha C. Chandra

Manuscript Title: Robotic-Assisted Bronchoscopy: A Narrative Review of Systems

Manuscript number (if known): JTD-24-456-CL

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ICMJE DISCLOSURE FORM

Date: May 24th, 2024

Your Name: Anoop Koratala

Manuscript Title: Robotic-Assisted Bronchoscopy: A Narrative Review of Systems

Manuscript number (if known): JTD-24-456-CL

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ICMJE DISCLOSURE FORM

Date: May 20th, 2024

Your Name: Alejandra Yu Lee Mateus

Manuscript Title: Robotic-Assisted Bronchoscopy: A Narrative Review of Systems

Manuscript number (if known): JTD-24-456-CL

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ICMJJE DISCLOSURE FORM

Date: May 25th, 2024

Your Name: Alanna Barrios-Ruiz

Manuscript Title: Robotic-Assisted Bronchoscopy: A Narrative Review of Systems

Manuscript number (if known): JTD-24-456-CL

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ICMJE DISCLOSURE FORM

Date: May 24th, 2024

Your Name: Ana Garza-Salas

Manuscript Title: Robotic-Assisted Bronchoscopy: A Narrative Review of Systems

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ICMJE DISCLOSURE FORM

Date: May 24th, 2024

Your Name: Tapendra Koirala

Manuscript Title: Robotic-Assisted Bronchoscopy: A Narrative Review of Systems

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ICMJJE DISCLOSURE FORM

Date: May 24th, 2024

Your Name: Rodrigo Funes-Ferrada

Manuscript Title: Robotic-Assisted Bronchoscopy: A Narrative Review of Systems

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ICMJE DISCLOSURE FORM

Date: June 1st, 2024

Your Name: Prasanth Balasubramanian

Manuscript Title: Robotic-Assisted Bronchoscopy: A Narrative Review of Systems

Manuscript number (if known): JTD-24-456-CL

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ICMJJE DISCLOSURE FORM

Date: May 30th, 2024

Your Name: Neal M. Patel

Manuscript Title: Robotic-Assisted Bronchoscopy: A Narrative Review of Systems

Manuscript number (if known): JTD-24-456-CL

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Date: May 24th, 2024

Your Name: Ryan Chadha

Manuscript Title: Robotic-Assisted Bronchoscopy: A Narrative Review of Systems

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5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	
11	Stock or stock options	<input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

Please summarize the above conflict of interest in the following box:

None.

Please place an "X" next to the following statement to indicate your agreement:

I certify that I have answered every question and have not altered the wording of any of the questions on this form.

ICMJJE DISCLOSURE FORM

Date: May 24th, 2024

Your Name: Britney N. Hazelett

Manuscript Title: Robotic-Assisted Bronchoscopy: A Narrative Review of Systems

Manuscript number (if known): JTD-24-456-CL

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

The following questions apply to the author's relationships/activities/interests as they relate to the current manuscript only.

The author's relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
Time frame: Since the initial planning of the work			
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	<input checked="" type="checkbox"/> None	
Time frame: past 36 months			
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ICMJE DISCLOSURE FORM

Date: May 24th, 2024

Your Name: Kelly S. Robertson

Manuscript Title: Robotic-Assisted Bronchoscopy: A Narrative Review of Systems

Manuscript number (if known): JTD-24-456-CL

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ICMJE DISCLOSURE FORM

Date: May 24th, 2024

Your Name: Janani Reisenauer

Manuscript Title: Robotic-Assisted Bronchoscopy: A Narrative Review of Systems

Manuscript number (if known): JTD-24-456-CL

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ICMJJE DISCLOSURE FORM

Date: May 30th, 2024

Your Name: David Abia-Trujillo

Manuscript Title: Robotic-Assisted Bronchoscopy: A Narrative Review of Systems

Manuscript number (if known): JTD-24-456-CL

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