

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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3. Relevant financial activities outside the submitted work.

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This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

5. Relationships not covered above.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
HIDEKI

2. Surname (Last Name)
UJIIE

3. Date
16-November-2020

4. Are you the corresponding author? Yes No

5. Manuscript Title
Developing a Virtual Reality Simulation System for Preoperative Planning of Thoracoscopic Thoracic Surgery

6. Manuscript Identifying Number (if you know it)
JTD-20-2197-MS-2119

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest? Yes No

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Dr. UJIIE has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Aogu	2. Surname (Last Name) Tamaguchi	3. Date 25-November-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Hideki Ujiie
5. Manuscript Title Developing a Virtual Reality Simulation System for Preoperative Planning of Thoracoscopic Thoracic Surgery		
6. Manuscript Identifying Number (if you know it)		

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Dr. Tamaguchi has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Alexander	2. Surname (Last Name) Gregor	3. Date 28-November-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Hideki Ujiie
5. Manuscript Title Developing a Virtual Reality Simulation System for Preoperative Planning of Thoracoscopic Thoracic Surgery		
6. Manuscript Identifying Number (if you know it) _____		

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Dr. Gregor has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Harley	2. Surname (Last Name) Chan	3. Date 28-November-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Hideki Ujiie
5. Manuscript Title Developing a Virtual Reality Simulation System for Preoperative Planning of Thoracoscopic Thoracic Surgery		
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Section 1. Identifying Information

1. Given Name (First Name) Tatsuya	2. Surname (Last Name) Kato	3. Date 25-November-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Hideki Ujiie
5. Manuscript Title Developing a Virtual Reality Simulation System for Preoperative Planning of Thoracoscopic Thoracic Surgery		
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Yasuhiro

2. Surname (Last Name)
Hida

3. Date
28-November-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Hideki Ujiie

5. Manuscript Title
Developing a Virtual Reality Simulation System for Preoperative Planning of Thoracoscopic Thoracic Surgery

6. Manuscript Identifying Number (if you know it)

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

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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 No

ICMJE Form for Disclosure of Potential Conflicts of Interest

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Section 6. Disclosure Statement

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Dr. Hida has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

Kichizo

2. Surname (Last Name)

Kaga

3. Date

28-November-2020

4. Are you the corresponding author?

Yes

No

Corresponding Author's Name

Hideki Ujiie

5. Manuscript Title

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Dr. Kaga has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Satoru	2. Surname (Last Name) Wakasa	3. Date 26-November-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Hideki Ujiie
5. Manuscript Title Developing a Virtual Reality Simulation System for Preoperative Planning of Thoracoscopic Thoracic Surgery		
6. Manuscript Identifying Number (if you know it) _____		

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest? Yes No

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Section 4. Intellectual Property -- Patents & Copyrights

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Dr. Wakasa has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Chad	2. Surname (Last Name) Eitel	3. Date 25-November-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Hideki Ujiie
5. Manuscript Title Developing a Virtual Reality Simulation System for Preoperative Planning of Thoracoscopic Thoracic Surgery		
6. Manuscript Identifying Number (if you know it)		

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Are there any relevant conflicts of interest? Yes No

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

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Tod	2. Surname (Last Name) Clapp	3. Date 28-November-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Hideki Ujiie
5. Manuscript Title Developing a Virtual Reality Simulation System for Preoperative Planning of Thoracoscopic Thoracic Surgery		
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1. Given Name (First Name) Kazuhiro	2. Surname (Last Name) Yasufuku	3. Date 27-November-2020
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