

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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4. Intellectual Property.

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

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Other: Anything not covered under the previous three boxes

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Royalties: Funds are coming in to you or your institution due to your patent

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Niral	2. Surname (Last Name) Patel	3. Date 04-February-2021
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Or Kalchier-Dekel
5. Manuscript Title Effects of COVID-19 on Interventional Pulmonology Training – Trainee Perceptions		
6. Manuscript Identifying Number (if you know it) Scholar-2020-0126OC.R1		

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Are there any relevant conflicts of interest? Yes No

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Dr. Patel has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Angela Christine	2. Surname (Last Name) Argento	3. Date 04-February-2021
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Or Kalchier-Dekel
5. Manuscript Title Effects of COVID-19 on Interventional Pulmonology Training – Trainee Perceptions		
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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Ali	2. Surname (Last Name) Musani	3. Date 28-January-2021
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Or Kalchier-Dekel
5. Manuscript Title Effects of COVID-19 on Interventional Pulmonology Training – Trainee Perceptions		
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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

Audra

2. Surname (Last Name)

Schwalk

3. Date

28-January-2021

4. Are you the corresponding author?

 Yes No

Corresponding Author's Name

Or Kalchier-Dekel

5. Manuscript Title

Effects of COVID-19 on Interventional Pulmonology Training – Trainee Perceptions

6. Manuscript Identifying Number (if you know it)

Scholar-2020-0126OC.R1

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Section 1. Identifying Information

1. Given Name (First Name)
Ashutosh

2. Surname (Last Name)
Sachdeva

3. Date
04-February-2021

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Or Kalchier-Dekel

5. Manuscript Title
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Royalties: Funds are coming in to you or your institution due to your patent

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Bryan	2. Surname (Last Name) Husta	3. Date 28-January-2021
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Or Kalchier-Dekel
5. Manuscript Title Effects of COVID-19 on Interventional Pulmonology Training – Trainee Perceptions		
6. Manuscript Identifying Number (if you know it) Scholar-2020-0126OC.R1		

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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

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Section 6. Disclosure Statement

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Dr. Husta 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) David	2. Surname (Last Name) Hsia	3. Date 28-January-2021
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Or Kalchier-Dekel
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Dr. Hsia has nothing to disclose.

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ICMJJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Hans	2. Surname (Last Name) Lee	3. Date 08-February-2021
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Or Kalchier-Dekel
5. Manuscript Title Effects of COVID-19 on Interventional Pulmonology Training – Trainee Perceptions		
6. Manuscript Identifying Number (if you know it) Scholar-2020-0126OC.R1		

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Dr. Lee 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) I-Hsin	2. Surname (Last Name) Lin	3. Date 28-January-2021
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Or Kalchier-Dekel
5. Manuscript Title Effects of COVID-19 on Interventional Pulmonology Training – Trainee Perceptions		
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ICMJJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

Jason

2. Surname (Last Name)

Akulian

3. Date

03-February-2021

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Or Kalchier-Dekel

5. Manuscript Title

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6. Manuscript Identifying Number (if you know it)

Scholar-2020-0126OC.R1

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ICMJE Form for Disclosure of Potential Conflicts of Interest

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1. Given Name (First Name)

Jason

2. Surname (Last Name)

Beattie

3. Date

28-January-2021

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Yes No

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Royalties: Funds are coming in to you or your institution due to your patent

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) John	2. Surname (Last Name) Mullon	3. Date 03-February-2021
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Or Kalchier-Dekel
5. Manuscript Title Effects of COVID-19 on Interventional Pulmonology Training – Trainee Perceptions		
6. Manuscript Identifying Number (if you know it) Scholar-2020-0126OC.R1		

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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 No

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Section 6. Disclosure Statement

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Dr. Mullon 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) Mohit	2. Surname (Last Name) Chawla	3. Date 28-January-2021
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Or Kalchier-Dekel
5. Manuscript Title Effects of COVID-19 on Interventional Pulmonology Training – Trainee Perceptions		
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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

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Dr. Chawla has nothing to disclose.

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Dr. Desai reports grants and non-financial support from Veran Medical, grants from Boston Scientific, personal fees from Level Ex, outside the submitted work; .

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Or

2. Surname (Last Name)
Kalchier-Dekel

3. Date
28-January-2021

4. Are you the corresponding author? Yes No

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1. Given Name (First Name) Robert	2. Surname (Last Name) Lee	3. Date 03-February-2021
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