

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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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Anthony

2. Surname (Last Name)
Kim

3. Date
09-November-2020

4. Are you the corresponding author? Yes No

5. Manuscript Title
Training Residents in Robotic Thoracic Surgery

6. Manuscript Identifying Number (if you know it)
JTD-2019-RTS-06

Section 2. The Work Under Consideration for Publication

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Dr. Kim has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Kimberly	2. Surname (Last Name) Shemanski	3. Date 01-November-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Anthony W. Kim, M.D.
5. Manuscript Title Training Residents in Robotic Thoracic Surgery		
6. Manuscript Identifying Number (if you know it) JTD-2019-RTS-06		

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. Shemanski 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)
Evan

2. Surname (Last Name)
Alicuben

3. Date
03-November-2020

4. Are you the corresponding author? Yes No

Corresponding Author's Name
Anthony Kim

5. Manuscript Title
Training Residents in Robotic Thoracic Surgery

6. Manuscript Identifying Number (if you know it)
JTD-2019-RTS-06

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Dr. Alicuben has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Scott	2. Surname (Last Name) Atay	3. Date 03-November-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Anthony Kim
5. Manuscript Title Training Residents in Robotic Thoracic Surgery		
6. Manuscript Identifying Number (if you know it) JTD-2019-RTS-06		

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Section 1. Identifying Information

1. Given Name (First Name) Elizabeth	2. Surname (Last Name) David	3. Date 04-November-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name _____
5. Manuscript Title Training Residents in Robotic Thoracic Surgery		
6. Manuscript Identifying Number (if you know it) JTD-2019-RTS-06		

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1. Given Name (First Name) Sean	2. Surname (Last Name) Wightman	3. Date 03-November-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Anthony Kim
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6. Manuscript Identifying Number (if you know it) JTD-2019-RTS-06		

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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.)?

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Dr. Wightman has nothing to disclose.

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