



ICMJE Form for Disclosure of Potential Conflicts of Interest

Identifying Information

1. Given Name (First Name)
Farid
2. Surname (Last Name)
Gharagozloo
3. Date
01-August-2020
4. Are you the corresponding author? Yes No
5. Manuscript Title
Robotic First Rib Resection for Thoracic Outlet Syndrome
6. Manuscript Identifying Number (if you know it)
JTD-2019-RTS-04

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

Relevant financial activities outside the submitted work.

Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the "Add +" box. You should report relationships that were **present during the 36 months prior to publication**.

Are there any relevant conflicts of interest? Yes No

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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Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Dr. Gharagozloo has nothing to disclose.

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Identifying Information

1. Given Name (First Name)
Nabhan

2. Surname (Last Name)
Atiquzzaman

3. Date
01-August-2020

4. Are you the corresponding author? Yes No

5. Manuscript Title
Robotic First Rib Resection for Thoracic Outlet Syndrome

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Dr. Atiquzzaman has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Identifying Information

1. Given Name (First Name)
Mark

2. Surname (Last Name)
Meyer

3. Date
01-August-2020

4. Are you the corresponding author? Yes No

5. Manuscript Title
Robotic First Rib Resection for Thoracic Outlet Syndrome

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

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Identifying Information

1. Given Name (First Name)
Barbara

2. Surname (Last Name)
Tempesta

3. Date
01-August-2020

4. Are you the corresponding author? Yes No

5. Manuscript Title
Robotic First Rib Resection for Thoracic Outlet Syndrome

6. Manuscript Identifying Number (if you know it)
JTD-2019-RTS-04

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Are there any relevant conflicts of interest? Yes No

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Dr. Tempesta has nothing to disclose.

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Identifying Information

1. Given Name (First Name)
Scott

2. Surname (Last Name)
Werden

3. Date
01-August-2020

4. Are you the corresponding author? Yes No

5. Manuscript Title
Robotic First Rib Resection for Thoracic Outlet Syndrome

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

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Manuscript Title: Robotic First Rib Resection for Thoracic Outlet Syndrome

Manuscript ID: JTD-2019-RTS-04

Authors: Farid Gharagozloo, M.D., Nabhan Atiquzzaman, Mark Meyer, M.D, Barbara Tempesta CRNP, Scott Werden, M.D.

Conflict of Interest Statement (copy the statements from Section 6 in every COI form):

- Dr. Farid Gharagozloo has nothing to disclose.
- Mr. Nabhan Atiquzzaman has nothing to disclose.
- Dr. Mark Meyer has nothing to disclose.
- Ms. Barbara Tempesta has nothing to disclose.
- Dr. Scott Werden has nothing to disclose.