ICMJE Form for Disclosure of Potential Conflicts of Interest

**Instructions**

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
   Yukiyasu

2. Surname (Last Name)  
   Takeuchi

3. Date  
   20-April-2020

4. Are you the corresponding author?  
   ✔ Yes  ☐ No

5. Manuscript Title  
   Treatment strategy for empyema with fistulas

6. Manuscript Identifying Number (if you know it)  
   JOVS-2019-JACS-05(JOVS-19-167)

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Dr. Takeuchi has nothing to disclose.

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## Identifying Information

<table>
<thead>
<tr>
<th>1. Given Name (First Name)</th>
<th>2. Surname (Last Name)</th>
<th>3. Date</th>
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<tr>
<td>Akio</td>
<td>Hyashi</td>
<td>20-April-2020</td>
</tr>
</tbody>
</table>

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Corresponding Author’s Name
Yukiyasu Takeuchi

5. Manuscript Title
Treatment strategy for empyema with fistulas

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Dr. Hyashi has nothing to disclose.

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# ICMJE Form for Disclosure of Potential Conflicts of Interest

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1. Given Name (First Name)  
   Yuko

2. Surname (Last Name)  
   Kagawa

3. Date  
   20-April-2020

4. Are you the corresponding author?  
   [ ] Yes  
   ✔ No

   Corresponding Author’s Name  
   Yukiyasu Takeuchi

5. Manuscript Title  
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Dr. Kagawa has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  Yuya
2. Surname (Last Name)  Kogita
3. Date  20-April-2020
4. Are you the corresponding author?  ☑ No
5. Manuscript Title  Treatment strategy for empyema with fistulas
6. Manuscript Identifying Number (if you know it)  JOVS-2019-JACS-05(JOVS-19-167)

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1. Given Name (First Name) Meinoshin
2. Surname (Last Name) Okumura
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   Corresponding Author’s Name Yukiyasu Takeuchi
5. Manuscript Title
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