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)  
   Diego

2. Surname (Last Name)  
   Gonzalez Rivas

3. Date  
   27-April-2020

4. Are you the corresponding author?  
   Yes    ☑ No

   Corresponding Author’s Name  
   Ariel Zhu

5. Manuscript Title  
   First Myanmar uniportal video-assisted thoracic surgery masterclass

6. Manuscript Identifying Number (if you know it)  
   JOVS-19-184

Section 2. The Work Under Consideration for Publication

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Section 6. Disclosure Statement

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Dr. Gonzalez Rivas has nothing to disclose.

Evaluation and Feedback

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Section 1. Identifying Information

1. Given Name (First Name)  
Tint

2. Surname (Last Name)  
Zaw Oo

3. Date  
27-April-2020

4. Are you the corresponding author?  
☐ Yes  ☑ No  
Corresponding Author’s Name  
Ariel Zhu

5. Manuscript Title  
First Myanmar uniportal video-assisted thoracic surgery masterclass

6. Manuscript Identifying Number (if you know it)  
JOVS-19-184

Section 2. The Work Under Consideration for Publication

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Section 4. Intellectual Property -- Patents & Copyrights

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Dr. Zaw Oo has nothing to disclose.

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### Section 1. Identifying Information

1. **Given Name (First Name)**
   - Godwin

2. **Surname (Last Name)**
   - Lew

3. **Date**
   - 27-April-2020

4. **Are you the corresponding author?**
   - Yes

5. **Manuscript Title**
   - First Myanmar uniportal video-assisted thoracic surgery masterclass

6. **Manuscript Identifying Number (if you know it)**
   - JOVS-19-184

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1. Given Name (First Name) Ariel
2. Surname (Last Name) Zhu
3. Date 27-April-2020
4. Are you the corresponding author? ☑ Yes ☐ No

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