ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

The purpose of this form is to provide readers of your manuscript with information about your other interests that could influence how they receive and understand your work. The form is designed to be completed electronically and stored electronically. It contains programming that allows appropriate data display. Each author should submit a separate form and is responsible for the accuracy and completeness of the submitted information. The form is in six parts.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
   Jens

2. Surname (Last Name)
   Rückert

3. Date
   18-April-2020

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

5. Manuscript Title
   Complete thymectomy for myasthenia gravis

6. Manuscript Identifying Number (if you know it)
   JOVS-2019-ARATS-05(JOVS-20-6)

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Section 5. Relationships not covered above

Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?

Yes, the following relationships/conditions/circumstances are present (explain below):

- Dr. Rückert reports and declares as a proctor for Intuitive Surgical.

No other relationships/conditions/circumstances that present a potential conflict of interest

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Section 6. Disclosure Statement

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Section 1. Identifying Information

1. Given Name (First Name)  Hongbin
2. Surname (Last Name)  Zhang
3. Date  18-April-2020

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

Corresponding Author’s Name  
Jens.C Rückert

5. Manuscript Title  
Complete thymectomy for myasthenia gravis

6. Manuscript Identifying Number (if you know it)  
JOVS-2019-ARATS-05(JOVS-20-6)

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## Section 1. Identifying Information

1. Given Name (First Name)  
   Feng  
2. Surname (Last Name)  
   Li  
3. Date  
   18-April-2020  
4. Are you the corresponding author?  
   ☑ No  
   Corresponding Author's Name  
   Jens.C Rückert  
5. Manuscript Title  
   Complete thymectomy for myasthenia gravis  
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Dr. Li has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  Deniz
2. Surname (Last Name)  Uluk
3. Date  18-April-2020
4. Are you the corresponding author?  Yes  ✔  No

5. Manuscript Title
Complete thymectomy for myasthenia gravis

6. Manuscript Identifying Number (if you know it)
JOVS-2019-ARATS-05(JOVS-20-6)

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Section 1. Identifying Information

1. Given Name (First Name)  Mahmoud
2. Surname (Last Name)  Ismail
3. Date  18-April-2020
4. Are you the corresponding author?  ❑ Yes  ❑ No
   Corresponding Author’s Name  Jens.C Rückert
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6. Manuscript Identifying Number (if you know it)  JOVS-2019-ARATS-05(JOVS-20-6)

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Grant: A grant from an entity, generally [but not always] paid to your organization

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Licensed: The patent has been licensed to an entity, whether earning royalties or not

Royalties: Funds are coming in to you or your institution due to your patent
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1. Given Name (First Name)  
Andreas

2. Surname (Last Name)  
Meisel

3. Date  
18-April-2020

4. Are you the corresponding author?  
☑ No

5. Manuscript Title  
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6. Manuscript Identifying Number (if you know it)  
JOVS-2019-ARATS-05(JOVS-20-6)

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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. Meisel has nothing to disclose.

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