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**

<table>
<thead>
<tr>
<th>1. Given Name (First Name)</th>
<th>Antonio</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. Surname (Last Name)</td>
<td>Tuoro</td>
</tr>
<tr>
<td>3. Date</td>
<td>23-April-2020</td>
</tr>
<tr>
<td>4. Are you the corresponding author?</td>
<td>Yes ✔ No</td>
</tr>
</tbody>
</table>

5. Manuscript Title
   MYOCUTANEOUS PEDICLED FLAP IN TREATMENT OF THE TUBERCULOUS BRONCHOPLEURAL FISTULA – A CASE REPORT

6. Manuscript Identifying Number (if you know it)
   JOVS-20-61

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Dr. Tuoro has nothing to disclose.

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### Section 1. Identifying Information

1. Given Name (First Name)  
   Annalisa  
2. Surname (Last Name)  
   Barbarossa  
3. Date  
   23-April-2020  
4. Are you the corresponding author?  
   [ ] Yes  
   [x] No  
   Corresponding Author’s Name  
   Antonio Tuoro

5. Manuscript Title  
   MYOCUTANEOUS PEDICLED FLAP IN TREATMENT OF THE TUBERCULOUS BRONCHOPLEURAL FISTULA – A CASE REPORT

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Section 6. Disclosure Statement

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Dr. Barbarossa has nothing to disclose.

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### Section 1. Identifying Information

1. Given Name (First Name)  
   Vincenzo  

2. Surname (Last Name)  
   Aversa  

3. Date  
   23-April-2020  

4. Are you the corresponding author?  
   ✔ No  
   Corresponding Author’s Name  
   Antonio Tuoro  

5. Manuscript Title  
   MYOCUTANEOUS PEDICLED FLAP IN TREATMENT OF THE TUBERCULOUS BRONCHOPLEURAL FISTULA – A CASE REPORT  

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Dr. Aversa has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  
   Armando

2. Surname (Last Name)  
   Puglisi

3. Date  
   23-April-2020

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

Corresponding Author’s Name  
   Antonio Tuoro

5. Manuscript Title  
   MYOCUTANEOUS PEDICLED FLAP IN TREATMENT OF THE TUBERCULOUS BRONCHOPLEURAL FISTULA – A CASE REPORT

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1. Given Name (First Name)  
   Carlopietro

2. Surname (Last Name)  
   Voci

3. Date  
   23-April-2020

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   □ Yes  ✔ No  
   Corresponding Author’s Name  
   Antonio Tuoro

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Dr. Voci has nothing to disclose.

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