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)  
   Caviezel

2. Surname (Last Name)  
   Caviezel

3. Date  
   27-April-2020

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

Corresponding Author’s Name  
Isabelle Opitz

5. Manuscript Title  
   Firefly robotic lung volume reduction surgery

6. Manuscript Identifying Number (if you know it)  
   JOVS-2019-ARATS-11(JOVS-20-73)

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Dr. Caviezel has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
   Didier

2. Surname (Last Name)
   Schneiter

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Corresponding Author's Name
Isabelle Opitz

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Dr. Schneiter has nothing to disclose.

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<tr>
<td>2. Surname (Last Name)</td>
<td>Lauk</td>
</tr>
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<tr>
<td>Isabelle</td>
<td>Opitz</td>
<td>27-April-2020</td>
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