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.

1. Identifying information.

2. The work under consideration for publication.

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This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

5. Relationships not covered above.

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Pending: The patent has been filed but not issued

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<tbody>
<tr>
<td>Alper</td>
<td>Toker</td>
<td>20-July-2020</td>
</tr>
</tbody>
</table>

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

5. Manuscript Title  
   Left Upper and Left Lower Sleeve Lobectomies with Robotic Surgery

6. Manuscript Identifying Number (if you know it)  
   JOVS-2019-ARATS-04

## Section 2. The Work Under Consideration for Publication

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.)?  

Are there any relevant conflicts of interest?  
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   - No [x]  

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## Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  
   - Yes [ ]  
   - No [x]  

Toker
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Section 6. Disclosure Statement

Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Dr. Toker has nothing to disclose.

Evaluation and Feedback

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Section 1. Identifying Information

1. Given Name (First Name)  
   Erkan

2. Surname (Last Name)  
   Kaba

3. Date  
   20-July-2020

4. Are you the corresponding author?  
   ☑ No

5. Manuscript Title  
   Left Upper and Left Lower Sleeve Lobectomies with Robotic Surgery

6. Manuscript Identifying Number (if you know it)  
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Dr. Kaba has nothing to disclose.

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<tr>
<td>Robert</td>
<td>Herron</td>
<td>20-July-2020</td>
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4. Are you the corresponding author?  
   - Yes  
   - No  
   ✔ No

5. Manuscript Title  
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6. Manuscript Identifying Number (if you know it)  
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Section 1. Identifying Information

1. Given Name (First Name)  Kemal
2. Surname (Last Name)  Ayalp
3. Date  20-July-2020
4. Are you the corresponding author?  ✔ No
   Corresponding Author's Name  Alper Toker
5. Manuscript Title
   Left Upper and Left Lower Sleeve Lobectomies with Robotic Surgery
6. Manuscript Identifying Number (if you know it)
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Dr. Ayalp has nothing to disclose.

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