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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Royalties: Funds are coming in to you or your institution due to your patent

Tucci

1
ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
Mauro

2. Surname (Last Name)  
Tucci

3. Date  
08-April-2020

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

5. Manuscript Title  
Mechanical ventilation during thoracic surgery: towards individualized medicine

6. Manuscript Identifying Number (if you know it)  
ATM-20-2005

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest?  
☐ Yes   ☑ No

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Are there any relevant conflicts of interest?  
☐ Yes   ☑ No

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  
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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. Tucci has nothing to disclose.

Evaluation and Feedback

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information
1. Given Name (First Name)  
   Sérgio
2. Surname (Last Name)  
   Pereira
3. Date  
   08-April-2020
4. Are you the corresponding author?  
   ☑ Yes  ☐ No  
   Corresponding Author’s Name  
   Mauro Roberto Tucci
5. Manuscript Title  
   Mechanical ventilation during thoracic surgery: towards individualized medicine
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Dr. Pereira has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  
Eduardo

2. Surname (Last Name)  
Costa

3. Date  
08-April-2020

4. Are you the corresponding author?  
☑ No

Corresponding Author’s Name  
Mauro Roberto Tucci

5. Manuscript Title  
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☑ Yes  
☐ No

If yes, please fill out the appropriate information below.

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<th>Name of Entity</th>
<th>Grant?</th>
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<th>Non-Financial Support?</th>
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Dr. Costa reports personal fees from Timpel SA, outside the submitted work.

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1. Given Name (First Name)  
   Joaquim

2. Surname (Last Name)  
   Vieira

3. Date  
   08-April-2020

4. Are you the corresponding author?  
   Yes  
   No  
   Corresponding Author’s Name  
   Mauro Roberto Tucci

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Dr. Vieira has nothing to disclose.

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