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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## Section 1. Identifying Information

1. **Given Name (First Name)**
   - Marcin

2. **Surname (Last Name)**
   - Zieliński

3. **Date**
   - 09-May-2018

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

5. **Manuscript Title**
   - Video-assisted thoracic surgery thymectomy: subxiphoid approach

6. **Manuscript Identifying Number (if you know it)**
   - MED-2017-MIT-08

## 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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- [ ] No

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

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  

- [ ] Yes  
- [ ] No
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Dr. Zieliński has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Pawel
2. Surname (Last Name) Gwozdz
3. Date 09-May-2018
4. Are you the corresponding author? ☑ Yes  ☐ No
5. Manuscript Title Video-assisted thoracic surgery thymectomy: subxiphoid approach
6. Manuscript Identifying Number (if you know it) MED-2017-MIT-08

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Dr. Gwozdz has nothing to disclose.

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**Section 1. Identifying Information**

1. Given Name (First Name)  
   Katarzyna

2. Surname (Last Name)  
   Solarczyk-Bombik

3. Date  
   09-May-2018

4. Are you the corresponding author?  
   [ ] Yes  
   [x] No  
   Corresponding Author’s Name  
   Marcin Zieliński

5. Manuscript Title  
   Video-assisted thoracic surgery thymectomy: subxiphoid approach

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

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**Section 1. Identifying Information**

1. Given Name (First Name)  
   Michal  
2. Surname (Last Name)  
   Wilkojc  
3. Date  
   09-May-2018

4. Are you the corresponding author?  
   Yes  
   No  

### Corresponding Author’s Name
Marcin Zieliński

5. Manuscript Title  
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Dr. Wilkojc has nothing to disclose.

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1. Given Name (First Name) Wojciech
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3. Date 09-May-2018
4. Are you the corresponding author? ☑ Yes ☐ No
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### Section 1. Identifying Information

1. Given Name (First Name)  
   Sylweriusz

2. Surname (Last Name)  
   Kosinski

3. Date  
   09-May-2018

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

   Corresponding Author’s Name  
   Marcin Zieliński

5. Manuscript Title  
   Video-assisted thoracic surgery thymectomy: subxiphoid approach

6. Manuscript Identifying Number (if you know it)  
   MED-2017-MIT-08

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   [X] No

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Dr. Kosinski has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  Edward
2. Surname (Last Name)  Fryzlewicz
3. Date  09-May-2018
4. Are you the corresponding author?  □ Yes  ✔ No

Corresponding Author’s Name
Marcin Zieliński

5. Manuscript Title
Video-assisted thoracic surgery thymectomy: subxiphoid approach

6. Manuscript Identifying Number (if you know it)
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<th>2. Surname (Last Name)</th>
<th>3. Date</th>
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<tbody>
<tr>
<td>Tomasz</td>
<td>Nabialek</td>
<td>09-May-2018</td>
</tr>
</tbody>
</table>

4. Are you the corresponding author?  
   - Yes  
   - No  

Corresponding Author’s Name  
Marcin Zieliński

5. Manuscript Title  
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Dr. Nabialek has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  
Malgorzata

2. Surname (Last Name)  
Szolkowska

3. Date  
09-May-2018

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

Corresponding Author’s Name  
Marcin Zieliński

5. Manuscript Title  
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Dr. Szolkowska has nothing to disclose.

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Juliusz

2. Surname (Last Name)  
Pankowski

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09-May-2018

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Marcin Zieliński

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