

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) Federica	2. Surname (Last Name) Carlea	3. Date 18-March-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Gianluca Vanni
5. Manuscript Title Subxiphoid Completion Thymectomy for Refractory Non-thymomatous Myasthenia Gravis		
6. Manuscript Identifying Number (if you know it) JTD-19-3772		

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Dr. Carlea has nothing to disclose.

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1. Given Name (First Name) Federico	2. Surname (Last Name) Tacconi	3. Date 18-March-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Gianluca Vanni
5. Manuscript Title Subxiphoid Completion Thymectomy for Refractory Non-thymomatous Myasthenia Gravis		
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Section 1. Identifying Information

1. Given Name (First Name)
Gianluca

2. Surname (Last Name)
Vanni

3. Date
18-March-2020

4. Are you the corresponding author? Yes No

5. Manuscript Title
Subxiphoid Completion Thymectomy for Refractory Non-thymomatous Myasthenia Gravis

6. Manuscript Identifying Number (if you know it)
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1. Given Name (First Name) Eleonora	2. Surname (Last Name) La Rocca	3. Date 18-March-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Gianluca Vanni
5. Manuscript Title Subxiphoid Completion Thymectomy for Refractory Non-thymomatous Myasthenia Gravis		
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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Gianluca	2. Surname (Last Name) Perroni	3. Date 18-March-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Gianluca Vanni
5. Manuscript Title Subxiphoid Completion Thymectomy for Refractory Non-thymomatous Myasthenia Gravis		
6. Manuscript Identifying Number (if you know it) JTD-19-3772		

Section 2. The Work Under Consideration for Publication

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Dr. Perroni has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Orazio

2. Surname (Last Name)
Schillaci

3. Date
18-March-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Gianluca Vanni

5. Manuscript Title
Subxiphoid Completion Thymectomy for Refractory Non-thymomatous Myasthenia Gravis

6. Manuscript Identifying Number (if you know it)
JTD-19-3772

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Francesco	2. Surname (Last Name) Sellitri	3. Date 18-March-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Gianluca Vanni
5. Manuscript Title Subxiphoid Completion Thymectomy for Refractory Non-thymomatous Myasthenia Gravis		
6. Manuscript Identifying Number (if you know it) JTD-19-3772		

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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

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

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Alessandro	2. Surname (Last Name) Tamburrini	3. Date 18-March-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Gianluca Vanni
5. Manuscript Title Subxiphoid Completion Thymectomy for Refractory Non-thymomatous Myasthenia Gravis		
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ICMJE Form for Disclosure of Potential Conflicts of Interest

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