ICMJE Form for Disclosure of Potential Conflicts of Interest

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Section 1. Identifying Information

1. Given Name (First Name)  
   MARCUS

2. Surname (Last Name)  
   TAYLOR

3. Date  
   16-April-2020

4. Are you the corresponding author?  
   Yes ☑ No

5. Manuscript Title  
   Aetiology, management and strategies for prevention of post-operative respiratory failure (PORF) after thoracic surgery

6. Manuscript Identifying Number (if you know it)  
   SHC-2019-AMP-05

Section 2. The Work Under Consideration for Publication

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Dr. TAYLOR has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) MIKE
2. Surname (Last Name) CHARLESWORTH
3. Date 16-April-2020

4. Are you the corresponding author? ☑ No

Corresponding Author’s Name MARCUS TAYLOR

5. Manuscript Title
Aetiology, management and strategies for prevention of post-operative respiratory failure (PORF) after thoracic surgery

6. Manuscript Identifying Number (if you know it)
SHC-2019-AMP-05

Section 2. The Work Under Consideration for Publication

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Dr. CHARLESWORTH has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  TIM
2. Surname (Last Name)  HAYES
3. Date  16-April-2020
4. Are you the corresponding author?  ☑ No
Corresponding Author’s Name
MARCUS TAYLOR
5. Manuscript Title
Aetiology, management and strategies for prevention of post-operative respiratory failure (PORF) after thoracic surgery
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## Section 1. Identifying Information

1. **Given Name (First Name)**  
   VIJAY

2. **Surname (Last Name)**  
   JOSHI

3. **Date**  
   16-April-2020

4. **Are you the corresponding author?**  
   Yes  ✔  No

   **Corresponding Author’s Name**  
   MARCUS TAYLOR

5. **Manuscript Title**  
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