ICMJE DISCLOSURE FORM

Date: 9th of July
Your Name: Mayar Ishaq Idkedek
Manuscript Title: Thoracic Surgery in Palestine
Manuscript number (if known): not known.

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The author’s relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

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|   | Time frame: Since the initial planning of the work                                              |                                                                                  |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above).                       | _x_ None                                                                          |
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| 4 | Consulting fees                                                                                 | _x_ None                                                                          |
|   | Time frame: past 36 months                                                                       |                                                                                  |
|   | Description                                                                 | X | None |
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| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | X | None |
| 6 | Payment for expert testimony                                                | X | None |
| 7 | Support for attending meetings and/or travel                                 | X | None |
| 8 | Patents planned, issued or pending                                           | X | None |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board            | X | None |
| 10| Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | X | None |
| 11| Stock or stock options                                                       | X | None |
| 12| Receipt of equipment, materials, drugs, medical writing, gifts or other services | X | None |
| 13| Other financial or non-financial interests                                   | X | None |

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The author has no conflicts of interest to declare.

Please place an “X” next to the following statement to indicate your agreement:

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Date: 9th of July
Your Name: Bayan Fathi Al-Qtishat
Manuscript Title: Thoracic Surgery in Palestine
Manuscript number (if known): not known.

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ICMJE DISCLOSURE FORM

Date: 9th of July
Your Name: Bisanne Hamdi Shaqqura
Manuscript Title: Thoracic Surgery in Palestine
Manuscript number (if known): not known.

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Date: 9th of July  
Your Name: Firas Abu Akar 
Manuscript Title: Thoracic Surgery in Palestine  
Manuscript number (if known): not known.

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