

## 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) Chen	2. Surname (Last Name) Xie	3. Date 02-April-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Min Yan
5. Manuscript Title Lung Ultrasound and Diaphragmatic Excursion Assessment for Evaluating Perioperative Atelectasis and aeration loss during Video Assisted Thoracic Surgery: A Feasibility Study		
6. Manuscript Identifying Number (if you know it) APM-19-595B		

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Are there any relevant conflicts of interest?  Yes  No

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Dr. Xie 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)  
Na

2. Surname (Last Name)  
Sun

3. Date  
02-April-2020

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name  
Min Yan

5. Manuscript Title

Lung Ultrasound and Diaphragmatic Excursion Assessment for Evaluating Perioperative Atelectasis and aeration loss during Video Assisted Thoracic Surgery: A Feasibility Study

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1. Given Name (First Name)

Kai

2. Surname (Last Name)

Sun

3. Date

02-April-2020

4. Are you the corresponding author?

Yes

No

Corresponding Author's Name

Min Yan

5. Manuscript Title

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Yue

2. Surname (Last Name)  
Ming

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02-April-2020

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Corresponding Author's Name  
Min Yan

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Yueyang

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You

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02-April-2020

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Min Yan

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This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

#### 5. Relationships not covered above.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)

Lina

2. Surname (Last Name)

Yu

3. Date

02-April-2020

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name

Min Yan

5. Manuscript Title

Lung Ultrasound and Diaphragmatic Excursion Assessment for Evaluating Perioperative Atelectasis and aeration loss during Video Assisted Thoracic Surgery: A Feasibility Study

6. Manuscript Identifying Number (if you know it)

APM-19-595B

### Section 2. The Work Under Consideration for Publication

Did you or your institution **at any time** receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

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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#### 2. The work under consideration for publication.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Jiapeng	2. Surname (Last Name) Huang	3. Date 02-April-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Min Yan
5. Manuscript Title Lung Ultrasound and Diaphragmatic Excursion Assessment for Evaluating Perioperative Atelectasis and aeration loss during Video Assisted Thoracic Surgery: A Feasibility Study		
6. Manuscript Identifying Number (if you know it) APM-19-595B		

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### Section 1. Identifying Information

1. Given Name (First Name)  
Min

2. Surname (Last Name)  
Yan

3. Date  
02-April-2020

4. Are you the corresponding author?  Yes  No

5. Manuscript Title  
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