

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Instructions

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#### 1. Identifying information.

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

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#### 4. Intellectual Property.

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

#### 5. Relationships not covered above.

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**Royalties:** Funds are coming in to you or your institution due to your patent

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Joyce	2. Surname (Last Name) Chan	3. Date 27-April-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Calvin S.H. Ng
5. Manuscript Title ARTIS Pheno® – the future of thoracic hybrid theatre for lung nodule resection?		
6. Manuscript Identifying Number (if you know it)		

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

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Are there any relevant conflicts of interest?  Yes  No

### Section 3. Relevant financial activities outside the submitted work.

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Are there any relevant conflicts of interest?  Yes  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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### Section 6. Disclosure Statement

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Dr. Chan has nothing to disclose.

### Evaluation and Feedback

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Peter	2. Surname (Last Name) Yu	3. Date 27-April-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Calvin S.H. Ng
5. Manuscript Title ARTIS Pheno® – the future of thoracic hybrid theatre for lung nodule resection?		
6. Manuscript Identifying Number (if you know it)		

### 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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Dr. Yu 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)  
Rainbow

2. Surname (Last Name)  
Lau

3. Date  
27-April-2020

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name  
Calvin S.H. Ng

5. Manuscript Title

ARTIS Pheno® – the future of thoracic hybrid theatre for lung nodule resection?

6. Manuscript Identifying Number (if you know it)

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Dr. Lau has nothing to disclose.

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1. Given Name (First Name)  
Calvin

2. Surname (Last Name)  
Ng

3. Date  
27-April-2020

4. Are you the corresponding author?  Yes  No

5. Manuscript Title  
ARTIS Pheno® – the future of thoracic hybrid theatre for lung nodule resection?

6. Manuscript Identifying Number (if you know it)

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Are there any relevant conflicts of interest?  Yes  No

If yes, please fill out the appropriate information below. If you have more than one entity press the "ADD" button to add a row. Excess rows can be removed by pressing the "X" button.

Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Siemens Healthineer, Germany	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Consultant & Travel
Johnson and Johnson, USA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Consultant & Travel
Medtronic, USA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Consultant & Travel

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Dr. Ng reports other from Siemens Healthineer, Germany , other from Johnson and Johnson, USA, other from Medtronic, USA, during the conduct of the study; .

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