

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

The purpose of this form is to provide readers of your manuscript with information about your other interests that could influence how they receive and understand your work. The form is designed to be completed electronically and stored electronically. It contains programming that allows appropriate data display. Each author should submit a separate form and is responsible for the accuracy and completeness of the submitted information. The form is in six parts.

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4. Intellectual Property.

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

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

Weixue

2. Surname (Last Name)

Cui

3. Date

20-December-2020

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name

Xin Xu or Jianxing He

5. Manuscript Title

Tubeless video-assisted thoracoscopic surgery in mediastinal tumor resection

6. Manuscript Identifying Number (if you know it)

GS-20-682-R1

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☒ No

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Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?

☐ Yes

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Dr. Cui 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)

Danxia

2. Surname (Last Name)

Huang

3. Date

21-December-2020

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name

Xin Xu or Jianxing He

5. Manuscript Title

Tubeless video-assisted thoracoscopic surgery in mediastinal tumor resection

6. Manuscript Identifying Number (if you know it)

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Dr. Huang 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) Hengrui	2. Surname (Last Name) Liang	3. Date 21-December-2020
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Xin Xu or Jianxing He
5. Manuscript Title Tubeless video-assisted thoracoscopic surgery in mediastinal tumor resection		
6. Manuscript Identifying Number (if you know it) GS-20-682-R1		

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Are there any relevant conflicts of interest? ☐ Yes ☒ No

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Section 4. Intellectual Property -- Patents & Copyrights

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Dr. Liang 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) Guilin	2. Surname (Last Name) Peng	3. Date 22-December-2020
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Xin Xu or Jianxing He
5. Manuscript Title Tubeless video-assisted thoracoscopic surgery in mediastinal tumor resection		
6. Manuscript Identifying Number (if you know it) GS-20-682-R1		

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Dr. Peng 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) Mengyang	2. Surname (Last Name) Liu	3. Date 20-December-2020
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Xin Xu or Jianxing He
5. Manuscript Title Tubeless video-assisted thoracoscopic surgery in mediastinal tumor resection		
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1. Given Name (First Name) Run	2. Surname (Last Name) Li	3. Date 21-December-2020
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Xin Xu or Jianxing He
5. Manuscript Title Tubeless video-assisted thoracoscopic surgery in mediastinal tumor resection		
6. Manuscript Identifying Number (if you know it) GS-20-682-R1		

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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Report all sources of revenue paid (or promised to be paid) directly to you or your institution on your behalf over the 36 months prior to submission of the work. This should include all monies from sources with relevance to the submitted work, not just monies from the entity that sponsored the research. Please note that your interactions with the work's sponsor that are outside the submitted work should also be listed here. If there is any question, it is usually better to disclose a relationship than not to do so.

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1. Given Name (First Name)

Xin

2. Surname (Last Name)

Xu

3. Date

22-December-2020

4. Are you the corresponding author?

☒ Yes ☐ No

5. Manuscript Title

Tubeless video-assisted thoracoscopic surgery in mediastinal tumor resection

6. Manuscript Identifying Number (if you know it)

GS-20-682-R1

Section 2. The Work Under Consideration for Publication

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Section 1. Identifying Information

1. Given Name (First Name)

Jianxing

2. Surname (Last Name)

He

3. Date

23-December-2020

4. Are you the corresponding author?

☒ Yes ☐ No

5. Manuscript Title

Tubeless video-assisted thoracoscopic surgery in mediastinal tumor resection

6. Manuscript Identifying Number (if you know it)

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