

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) Zhongliang	2. Surname (Last Name) He	3. Date 31-October-2020
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Xiaowen He
5. Manuscript Title An 83-year-old-male with bronchopleural fistula and empyema successfully treated by multidisciplinary management of thoracostomy, endoscopic and surgical treatment: a case report		
6. Manuscript Identifying Number (if you know it) ATM-20-3053		

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

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Dr. He has nothing to disclose.

Evaluation and Feedback

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Section 1. Identifying Information

1. Given Name (First Name) Lifeng	2. Surname (Last Name) Shen	3. Date 31-October-2020
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Xiaowen He
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Dr. Shen has nothing to disclose.

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Section 1.

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1. Given Name (First Name)

Weihua

2. Surname (Last Name)

Xu

3. Date

31-October-2020

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name

Xiaowen He

5. Manuscript Title

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ATM-20-3053

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Section 1. Identifying Information

1. Given Name (First Name)

Xiaowen

2. Surname (Last Name)

He

3. Date

22-September-2020

4. Are you the corresponding author?

☒ Yes ☐ No

5. Manuscript Title

A 83-year-old-male with bronchopleural fistula and empyema
successfully treating by multidisciplinary management: a case report

6. Manuscript Identifying Number (if you know it)

ATM-20-3053-R1

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