

ICMJE DISCLOSURE FORM

Date: 2021-04-28
 Your Name: Jia-Yang Xu
 Manuscript Title: SV-VATS exhibits dual intraoperative and postoperative advantages
 Manuscript number (if known): _____

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

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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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3	Royalties or licenses	<u>X</u> None	
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9	Participation on a Data Safety Monitoring Board or Advisory Board	<u> X </u> None	
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11	Stock or stock options	<u> X </u> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<u> X </u> None	
13	Other financial or non-financial interests	<u> X </u> None	

Please summarize the above conflict of interest in the following box:

I have no conflict of interest to declare.

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

X I certify that I have answered every question and have not altered the wording of any of the questions on this form.

ICMJE DISCLOSURE FORM

Date: 2021-04-28

Your Name: Yu-Jin Li

Manuscript Title: SV-VATS exhibits dual intraoperative and postoperative advantages

Manuscript number (if known): _____

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ICMJE DISCLOSURE FORM

Date: 2021-04-28
 Your Name: Xian-Gu Ning
 Manuscript Title: SV-VATS exhibits dual intraoperative and postoperative advantages
 Manuscript number (if known): _____

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ICMJE DISCLOSURE FORM

Date: 2021-04-28
 Your Name: Yang Yu
 Manuscript Title: SV-VATS exhibits dual intraoperative and postoperative advantages
 Manuscript number (if known): _____

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ICMJE DISCLOSURE FORM

Date: 2021-04-28
 Your Name: Feng-Xian Cui
 Manuscript Title: SV-VATS exhibits dual intraoperative and postoperative advantages
 Manuscript number (if known): _____

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ICMJE DISCLOSURE FORM

Date: 2021-04-28
 Your Name: Rong-Sheng Liu
 Manuscript Title: SV-VATS exhibits dual intraoperative and postoperative advantages
 Manuscript number (if known): _____

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ICMJE DISCLOSURE FORM

Date: 2021-04-28
 Your Name: Hao Peng
 Manuscript Title: SV-VATS exhibits dual intraoperative and postoperative advantages
 Manuscript number (if known): _____

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ICMJE DISCLOSURE FORM

Date: 2021-04-28
 Your Name: Zhan-Shan Ma
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ICMJE DISCLOSURE FORM

Date: 2021-04-28
 Your Name: Jun Peng
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