

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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Section 1. Identifying Information

1. Given Name (First Name) Xin-Feng	2. Surname (Last Name) Xu	3. Date 17-June-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Liang Chen
5. Manuscript Title Thoracoscopic pulmonary combined with Right S1a + S2a subsegmentectomy for deep intersegmental nodule surgery		
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Dr. Xu has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)

Liang

2. Surname (Last Name)

Chen

3. Date

17-June-2018

4. Are you the corresponding author?

Yes No

5. Manuscript Title

Thoracoscopic pulmonary combined with Right S1a + S2a subsegmentectomy for deep intersegmental nodule surgery

6. Manuscript Identifying Number (if you know it)

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Dr. Chen has nothing to disclose.

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1. Given Name (First Name) Wei	2. Surname (Last Name) Wen	3. Date 17-June-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Liang Chen
5. Manuscript Title Thoracoscopic pulmonary combined with Right S1a + S2a subsegmentectomy for deep intersegmental nodule surgery		
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