

ICMJE DISCLOSURE FORM

Date: 2022-11-04
 Your Name: Jin-Zhao Peng
 Manuscript Title: Percutaneous Microwave Ablation-Induced Pulmonary Artery Pseudoaneurysm: a Case description and Literature analysis
 Manuscript number (if known): QIMS-22-608

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The following questions apply to the author's relationships/activities/interests as they relate to the **current manuscript only**.

The author's relationships/activities/interests should be **defined broadly**. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

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.

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
Time frame: Since the initial planning of the work			
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Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<u>None</u>	
3	Royalties or licenses	<u>None</u>	
4	Consulting fees	<u>None</u>	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<u> </u> None	
6	Payment for expert testimony	<u> </u> None	
7	Support for attending meetings and/or travel	<u> </u> None	
8	Patents planned, issued or pending	<u> </u> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<u> </u> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<u> </u> None	
11	Stock or stock options	<u> </u> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<u> </u> None	
13	Other financial or non-financial interests	<u> </u> None	

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

The author has no conflicts 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.

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Date: 2022-11-04
 Your Name: Zhi-Xin Bie
 Manuscript Title: Percutaneous Microwave Ablation-Induced Pulmonary Artery Pseudoaneurysm: a Case description and Literature analysis
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ICMJE DISCLOSURE FORM

Date: 2022-11-04
 Your Name: Xiao-Guang Li
 Manuscript Title: Percutaneous Microwave Ablation-Induced Pulmonary Artery Pseudoaneurysm: a Case description and Literature analysis
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