

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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Section 1.	Identifying Inform	ation				
1. Given Name (First Name) Bo-Wei		2. Surname (Last Name) Zhang	3. Date 15-July-2020			
4. Are you the corresponding author?		Yes 🖌 No	Corresponding Author's Name Jin-Wei Qiang.(Co-corresponding author: Jian-Ding Ye)			
5. Manuscript Title Use of the relative CT values to evaluate the invasiveness of pulmonary subsolid nodules in patients with emphysema						
6. Manuscript Identifying Number (if you know it) QIMS-19-998						
Section 2. The Work Under Consideration for Dublication						
Did you or your institution at any time receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)? Are there any relevant conflicts of interest? Yes V No						
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Section 4.	Intellectual Proper	rty Patents & Copyrig	ghts			
Do you have any	patents, whether plan	ned, pending or issued, br	roadly relevant to the work? 🗌 Yes 🖌 No			



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Dr. Zhang has nothing to disclose.

Evaluation and Feedback



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