Date: 2021-10-24
Your Name: Sheng Xu
Manuscript Title: Computed Tomography-Guided Microwave Ablation for Non-Small Cell Lung Cancer Patients
With and Without Antithrombotic Therapy: A Retrospective Cohort Study
Manuscript number (if known): QIMS-21-1043

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		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
1	All support for the present	None	
	manuscript (e.g., funding,		
	provision of study materials,		
	medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
		Time frame: past	36 months
2	Grants or contracts from	None	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	None	
4	Consulting fees	None	

5	Dayment or honoraria for	None	
5	Payment or honoraria for lectures, presentations,	None	
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	None	
О	testimony	None	
	testimony		
7	Command for althought a	News	
7	Support for attending	None	
	meetings and/or travel		
8	Patents planned, issued or	None	
	pending		
9	Participation on a Data	None	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	None	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	None	
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12	Receipt of equipment,	None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	None	
	financial interests		
	ase summarize the above o		llowing box:
	There are no conflicts of interes	st to declare.	
DIA	ase place an "X" next to the	following statement to in	dicate your agreement:

Date:_2021-10-24
Your Name:_Zhi-Xin Bie
Manuscript Title: Computed Tomography-Guided Microwave Ablation for Non-Small Cell Lung Cancer Patients
With and Without Antithrombotic Therapy: A Retrospective Cohort Study.
Manuscript number (if known): QIMS-21-1043

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3	Royalties or licenses	None	
4	Consulting fees	None	

5	Payment or honoraria for	None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	None	
	testimony		
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or	None	
	pending		
9	Participation on a Data	None	
	Safety Monitoring Board or		
	Advisory Board		
10		None	
	in other board, society,		
	committee or advocacy group, paid or unpaid		
11	Stock or stock options	None	
12	Receipt of equipment,	None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	None	
	financial interests		
	ease summarize the above co		lowing box:
	There are no conflicts of interes	st to declare.	

Date: _2021-10-24
Your Name:_Yuan-Ming Li
Manuscript Title: Computed Tomography-Guided Microwave Ablation for Non-Small Cell Lung Cancer Patients
With and Without Antithrombotic Therapy: A Retrospective Cohort Study.
Manuscript number (if known): QIMS-21-1043

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		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	
4	Consulting fees	None	

5	Payment or honoraria for	None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	None	
	testimony		
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or	None	
	pending		
9	Participation on a Data	None	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	None	
	in other board, society, committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	None	
	Stock of Stock options		
12	Receipt of equipment,	None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	None	
	financial interests		
Ple	ease summarize the above co	onflict of interest in the fol	lowing box:
_			-
	There are no conflicts of interes	st to declare.	

Date: 2021-10-24_			
Your Name: Bin Li			

Manuscript Title: <u>Computed Tomography-Guided Microwave Ablation for Non-Small Cell Lung Cancer Patients</u>
With and Without Antithrombotic Therapy: A Retrospective Cohort Study.

Manuscript number (if known): QIMS-21-1043

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1	All support for the present	None	planning of the work
-	All support for the present manuscript (e.g., funding,	None	
	provision of study materials,		
	medical writing, article		
	processing charges, etc.)		
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		Time frame: past	36 months
2	Grants or contracts from	None	
	any entity (if not indicated		
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3	Royalties or licenses	None	
4	Consulting fees	None	

Payment or honoraria for	None		
lectures, presentations,			
speakers bureaus,			
manuscript writing or			
educational events			
Payment for expert	None		
testimony			
Support for attending meetings and/or travel	None		
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Patents planned, issued or	None		
pending			
Participation on a Data	None		
Advisory Board			
Leadership or fiduciary role	None		
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Stock or stock options	None		
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Please summarize the above conflict of interest in the following box:			
There are no conflicts of interest to declare.			
	lectures, presentations, speakers bureaus, manuscript writing or educational events  Payment for expert testimony  Support for attending meetings and/or travel  Patents planned, issued or pending  Participation on a Data Safety Monitoring Board or Advisory Board  Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid Stock or stock options  Receipt of equipment, materials, drugs, medical writing, gifts or other services  Other financial or non-financial interests	lectures, presentations, speakers bureaus, manuscript writing or educational events  Payment for expert testimony  Support for attending meetings and/or travel  Patents planned, issued or pending  Participation on a Data Safety Monitoring Board or Advisory Board  Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid Stock or stock options  Receipt of equipment, materials, drugs, medical writing, gifts or other services  Other financial or non-financial interests  ase summarize the above conflict of interest in the fole	

Date:_2021-10-24		
Your Name: Jin-Zhao Peng		
Manuscript Title: Computed Tomography-Guided Microwave Ablation for Non-Small Cell Lung Cancer Patients		
With and Without Antithrombotic Therapy: A Retrospective Cohort Study.		
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3	Royalties or licenses	None	
4	Consulting fees	None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	
11	Stock or stock options	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non- financial interests	None	
	rase summarize the above conflicts of interest		lowing box:
Ple	ase place an "X" next to the	e following statement to in	dicate your agreement:

Date:_2021-10-24		
Your Name: Fan-Lei Kong		
Manuscript Title: Computed Tomography-Guided Microwave Ablation for Non-Small Cell Lung Cancer Patients		
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4	Consulting fees	None	

5	lectures, presentations, speakers bureaus,	None	
	manuscript writing or		
	educational events		
6	Payment for expert	None	
	testimony		
7	Support for attending	None	
	meetings and/or travel		
8	Patents planned, issued or	None	
	pending		
9	Participation on a Data	None	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	None	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	None	
	•		
12	Receipt of equipment,	None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	None	
	financial interests		
Ple	Please summarize the above conflict of interest in the following box:		
	There are no conflicts of interest to declare.		

There are no conflicts of interest to declare		

Date: _2021-10-24
Your Name:_Xiao-Guang Li
Manuscript Title: Computed Tomography-Guided Microwave Ablation for Non-Small Cell Lung Cancer Patients
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	speakers bureaus,			
	manuscript writing or			
	educational events			
6	Payment for expert	None		
	testimony			
7	Support for attending meetings and/or travel	None		
8	Patents planned, issued or	None		
	pending			
9	Participation on a Data	None		
	Safety Monitoring Board or			
	Advisory Board			
10		None		
	in other board, society,			
	committee or advocacy group, paid or unpaid			
11	Stock or stock options	None		
12	Receipt of equipment,	None		
	materials, drugs, medical			
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13	Other financial or non-	None		
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