

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Instructions

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Li-Ping	2. Surname (Last Name) Cheng	3. Date 08-September-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Wei Sha and Ye Gu
5. Manuscript Title Clinical value of endobronchial ultrasound-guided aspiration and local isoniazid injection in the treatment of mediastinal lymph node tuberculosis		
6. Manuscript Identifying Number (if you know it) APM-20-1809		

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Dr. Cheng has nothing to disclose.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)

Xu-Wei

2. Surname (Last Name)

Gui

3. Date

08-September-2020

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name

Wei Sha and Ye Gu

5. Manuscript Title

Clinical value of endobronchial ultrasound-guided aspiration and local isoniazid injection in the treatment of mediastinal lymph node tuberculosis

6. Manuscript Identifying Number (if you know it)

APM-20-1809

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Dr. Gui has nothing to disclose.

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1. Given Name (First Name)

Yong

2. Surname (Last Name)

Fang

3. Date

08-September-2020

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name

Wei Sha and Ye Gu

5. Manuscript Title

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1. Given Name (First Name)

Wei

2. Surname (Last Name)

Sha

3. Date

08-September-2020

4. Are you the corresponding author?

Yes  No

5. Manuscript Title

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Ye

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Gu

3. Date

08-September-2020

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5. Manuscript Title

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