

ICMJE DISCLOSURE FORM

Date: Dec. 12th, 2021

Your Name: Dongkun Zhang

Manuscript Title: Long-term Follow-up in Quality of Life Before and After Endoscopic Thoracic Sympathicotomy in 367 Patients with Palmar Hyperhidrosis

Manuscript number (if known): APM-21-2860

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Your Name: Weitao Zhuang

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Your Name: Zihua Lan

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Your Name: Shujie Huang

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7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	
11	Stock or stock options	<input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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

None.

Please place an "X" next to the following statement to indicate your agreement:

I certify that I have answered every question and have not altered the wording of any of the questions on this form.