

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) Rongxin	2. Surname (Last Name) Xiao	3. Date 18-May-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Jun Wang
5. Manuscript Title The value of mediastinoscopy in N staging of clinical N2 lung cancer		
6. Manuscript Identifying Number (if you know it) MED-2019-MS-03		

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Dr. Xiao has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)

Xiao

2. Surname (Last Name)

Li

3. Date

18-May-2019

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Jun Wang

5. Manuscript Title

The value of mediastinoscopy in N staging of clinical N2 lung cancer

6. Manuscript Identifying Number (if you know it)

MED-2019-MS-03

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3. Date

18-May-2019

4. Are you the corresponding author?

Yes No

5. Manuscript Title

The value of mediastinoscopy in N staging of clinical N2 lung cancer

6. Manuscript Identifying Number (if you know it)

MED-2019-MS-03

Section 2. The Work Under Consideration for Publication

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 No

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Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes No

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Dr. Wang has nothing to disclose.

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