

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)

Xing

2. Surname (Last Name)

Wang

3. Date

22-August-2020

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name

Jiang Fan

5. Manuscript Title

Management of bleeding complications during thymectomy by subxiphoid approach with double elevation of the sternum

6. Manuscript Identifying Number (if you know it)

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Section 1.

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1. Given Name (First Name)

Beatrice

2. Surname (Last Name)

Aramini

3. Date

22-August-2020

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name

Jiang Fan

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Dr. Aramini has nothing to disclose.

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1. Given Name (First Name) Yuming	2. Surname (Last Name) Zhu	3. Date 22-August-2020
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Jiang Fan
5. Manuscript Title Management of bleeding complications during thymectomy by subxiphoid approach with double elevation of the sternum		
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