

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) Hui-Jiang	2. Surname (Last Name) Gao	3. Date 21-September-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Yu-Cheng Wei
5. Manuscript Title Autogenous pericardial angioplasty for thymic malignancies		
6. Manuscript Identifying Number (if you know it) MED-20-57-CL		

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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Are there any relevant conflicts of interest? Yes No

Section 4. Intellectual Property -- Patents & Copyrights

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Dr. Gao has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Guo-Dong	2. Surname (Last Name) Shi	3. Date 21-September-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Yu-Cheng Wei
5. Manuscript Title Autogenous pericardial angioplasty for thymic malignancies		
6. Manuscript Identifying Number (if you know it) MED-20-57-CL		

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest? Yes No

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Are there any relevant conflicts of interest? Yes No

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Dr. Shi has nothing to disclose.

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1. Given Name (First Name) Mao-Jie	2. Surname (Last Name) Pan	3. Date 21-September-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Yu-Cheng Wei
5. Manuscript Title Autogenous pericardial angioplasty for thymic malignancies		
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1. Given Name (First Name) Xiao-Tong	2. Surname (Last Name) Liu	3. Date 21-September-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Yu-Cheng Wei
5. Manuscript Title Autogenous pericardial angioplasty for thymic malignancies		
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Section 1. Identifying Information

1. Given Name (First Name)

Yu-Cheng

2. Surname (Last Name)

Wei

3. Date

21-September-2020

4. Are you the corresponding author?

Yes No

5. Manuscript Title

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6. Manuscript Identifying Number (if you know it)

MED-20-57-CL

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