

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) Guige	2. Surname (Last Name) Wang	3. Date 18-March-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Shanqing Li
5. Manuscript Title The analysis of prognosis factor in patients with non-small cell lung cancer receiving pneumonectomy		
6. Manuscript Identifying Number (if you know it) JTD-19-3290		

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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Dr. Wang has nothing to disclose.

Evaluation and Feedback

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1. Given Name (First Name) Lei	2. Surname (Last Name) Liu	3. Date 18-March-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Shanqing Li
5. Manuscript Title The analysis of prognosis factor in patients with non-small cell lung cancer receiving pneumonectomy		
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1. Given Name (First Name)

Jiaqi

2. Surname (Last Name)

Zhang

3. Date

18-March-2020

4. Are you the corresponding author?

 Yes No

Corresponding Author's Name

Shanqing Li

5. Manuscript Title

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