

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

The purpose of this form is to provide readers of your manuscript with information about your other interests that could influence how they receive and understand your work. The form is designed to be completed electronically and stored electronically. It contains programming that allows appropriate data display. Each author should submit a separate form and is responsible for the accuracy and completeness of the submitted information. The form is in six parts.

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2. The work under consideration for publication.

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4. Intellectual Property.

This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

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Royalties: Funds are coming in to you or your institution due to your patent

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Zhenzhen	2. Surname (Last Name) Xiang	3. Date 20-March-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Keke Yu
5. Manuscript Title An effective inflation treatment for frozen section diagnosis of small-sized lesions of the lung		
6. Manuscript Identifying Number (if you know it)		

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Are there any relevant conflicts of interest? Yes No

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Dr. Xiang and Dr. Zhang contributed equally to this study. Dr. Xiang has nothing to disclose.

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1. Given Name (First Name) Ye	2. Surname (Last Name) Zhang	3. Date 20-March-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Keke Yu
5. Manuscript Title An effective inflation treatment for frozen section diagnosis of small-sized lesions of the lung		
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Mrs. Zhang has nothing to disclose.

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1. Given Name (First Name) Lanxiang	2. Surname (Last Name) Zhao	3. Date 20-March-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Keke Yu
5. Manuscript Title An effective inflation treatment for frozen section diagnosis of small-sized lesions of the lung		
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Mrs. Zhao has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Jinchen	2. Surname (Last Name) Shao	3. Date 20-March-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Keke Yu
5. Manuscript Title An effective inflation treatment for frozen section diagnosis of small-sized lesions of the lung		
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Dr. Shao has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Jie	2. Surname (Last Name) Zhang	3. Date 20-March-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Keke Yu
5. Manuscript Title An effective inflation treatment for frozen section diagnosis of small-sized lesions of the lung		
6. Manuscript Identifying Number (if you know it)		

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

Section 4. Intellectual Property -- Patents & Copyrights

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

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Section 6. Disclosure Statement

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Dr. Zhang and Dr. Xiang contributed equally to this study. Dr. Zhang has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Gang	2. Surname (Last Name) Qin	3. Date 20-March-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Keke Yu
5. Manuscript Title An effective inflation treatment for frozen section diagnosis of small-sized lesions of the lung		
6. Manuscript Identifying Number (if you know it)		

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Are there any relevant conflicts of interest? Yes No

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Mr. Qin has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Jie	2. Surname (Last Name) Xing	3. Date 20-March-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Keke Yu
5. Manuscript Title An effective inflation treatment for frozen section diagnosis of small-sized lesions of the lung		
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Mr. Xing has nothing to disclose.

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1. Given Name (First Name) Yuchen	2. Surname (Last Name) Han	3. Date 20-March-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Keke Yu
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Section 1. Identifying Information

1. Given Name (First Name)
Keke

2. Surname (Last Name)
Yu

3. Date
20-March-2020

4. Are you the corresponding author? Yes No

5. Manuscript Title
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