

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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4. Intellectual Property.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Li	2. Surname (Last Name) Li	3. Date 18-March-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Zhijun han
5. Manuscript Title Chylopericardial tamponade after minimally invasive McKeown oesophagectomy		
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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Dr. Li has nothing to disclose.

Evaluation and Feedback

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1. Given Name (First Name) Luo	2. Surname (Last Name) Zhao	3. Date 18-March-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Zhijun han
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1. Given Name (First Name)

Zhijun

2. Surname (Last Name)

Han

3. Date

18-March-2020

4. Are you the corresponding author?

Yes No

5. Manuscript Title

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