

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.

1. Identifying information.

2. The work under consideration for publication.

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Section 1. Id	entifying Informa	ation		
1. Given Name (First N Zhen-xuan	, ,	2. Surname (Last Nan Li	ne) 3. Date 20-April-2020	
4. Are you the corresp	onding author?	Yes ✓ No	Corresponding Author's Name Yin Li	
5. Manuscript Title Clinical evaluation o	f right recurrent lary	ngeal nerve nodes ii	n thoracic esophageal squamous cell carcinoma	
6. Manuscript Identify	ing Number (if you kno	ow it)		
Section 2. Th	e Work Under Co	nsideration for P	ublication	
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Place a check in the a	appropriate boxes ir th entities as descrik box. You should rep	n the table to indicat bed in the instruction ort relationships tha	e whether you have financial relationships (regardles ns. Use one line for each entity; add as many lines as y t were present during the 36 months prior to publ No	you need by
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Dr. Li has nothing to disclose.

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Given Name (First Name) Xiao-dong	2. Surname (Last Name) Li	3. Date 20-April-2020
4. Are you the corresponding	author? Yes V No	Corresponding Author's Name Yin Li
5. Manuscript Title Clinical evaluation of right	recurrent laryngeal nerve nodes in th	noracic esophageal squamous cell carcinoma
6. Manuscript Identifying Nun	nber (if you know it)	
Section 2. The Wor	k Under Consideration for Pub	lication
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Do you have any patents, w	hether planned, pending or issued,	broadly relevant to the work? Yes V



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Liu 1



Section 1. Identifying Inform	nation	
1. Given Name (First Name) Xian-ben	2. Surname (Last Name) Liu	3. Date 20-April-2020
4. Are you the corresponding author?	☐ Yes ✓ No	Corresponding Author's Name Yin Li
5. Manuscript Title Clinical evaluation of right recurrent lar	ryngeal nerve nodes in tho	oracic esophageal squamous cell carcinoma
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any aspect of the submitted work (including statistical analysis, etc.)? Are there any relevant conflicts of inter	g but not limited to grants, da	a third party (government, commercial, private foundation, etc.) for ata monitoring board, study design, manuscript preparation,
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Liu 2



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Xing 1



Section 1.	entifying Inform	ation	
1. Given Name (First N Wen-qun	, ,	2. Surname (Last Name Xing	e) 3. Date 20-April-2020
4. Are you the correspond	onding author?	☐ Yes 🗸 No	Corresponding Author's Name Yin Li
5. Manuscript Title Clinical evaluation of	f right recurrent lary	ngeal nerve nodes in	thoracic esophageal squamous cell carcinoma
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Xing 2



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Wang 3



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This section asks for information about the work that you have submitted for publication. The time frame for this reporting is that of the work itself, from the initial conception and planning to the present. The requested information is about resources that you received, either directly or indirectly (via your institution), to enable you to complete the work. Checking "No" means that you did the work without receiving any financial support from any third party -- that is, the work was supported by funds from the same institution that pays your salary and that institution did not receive third-party funds with which to pay you. If you or your institution received funds from a third party to support the work, such as a government granting agency, charitable foundation or commercial sponsor, check "Yes"

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Other: Anything not covered under the previous three boxes

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Licensed: The patent has been licensed to an entity, whether earning royalties or not

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

Zhang 1



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Given Name (First Name) Rui-xiang	2. Surname (Last Name) 3. Date Zhang 20-April-2020			
4. Are you the corresponding author?	☐ Yes ✓ No	Corresponding Author's Name Yin Li		
5. Manuscript Title Clinical evaluation of right recurrent la	ryngeal nerve nodes in tho	racic esophageal squamous cell carcinoma		
6. Manuscript Identifying Number (if you k	now it)			
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Section 1. Identifying Inform	nation			
1. Given Name (First Name) Yin	2. Surname (Last Name) Li	3. Date 20-April-2020		
4. Are you the corresponding author?	✓ Yes No			
5. Manuscript Title Clinical evaluation of right recurrent laryngeal nerve nodes in thoracic esophageal squamous cell carcinoma				
6. Manuscript Identifying Number (if you know it)				
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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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Section 4. Intellectual Prope	rty Patents & Copyrights			
Do you have any patents, whether plar	nned, pending or issued, broadly relevant to the work	k? Yes 🗸 No		



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