

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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Section 1. Identifying Inform	ation			
1. Given Name (First Name) Songping	2. Surname (Last Name) Cui	3. Date 15-July-2020		
4. Are you the corresponding author?	Yes 🖌 No	Corresponding Author's Name Hui Li		
5. Manuscript Title Risk factors for venous thromboembolis resection	m and evaluation of the n	nodified Caprini score in patients undergoing lung		
6. Manuscript Identifying Number (if you kn JTD-20-1279-R1	ow it)	_		
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Dr. Cui has nothing to disclose.

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1. Given Name (First Name) Shuo	2. Surname (Last Name) Chen	3. Date 15-July-2020	
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Dr. Chen has nothing to disclose.

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Hui	Li	3. Date 15-July-2020	
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Ke



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Section 1. Identifying Inform	ation			
1. Given Name (First Name) Bin	2. Surname (Last Name) Hu	3. Date 15-July-2020		
4. Are you the corresponding author?	Yes 🖌 No	Corresponding Author's Name Hui Li		
5. Manuscript Title Risk factors for venous thromboembolis resection	m and evaluation of the n	nodified Caprini score in patients undergoing lung		
6. Manuscript Identifying Number (if you kn JTD-20-1279-R1	ow it)	-		
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Do you have any patents, whether planr	ned, pending or issued, bro	oadly relevant to the work? Yes 🖌 No		



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Dr. Hu has nothing to disclose.

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Do you have any patents, whether plan	ned, pending or issued, bro	oadly relevant to the work? Yes 🖌 No		

Li



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Do you have any patents, whether planr				

Miao



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