

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) Jun	2. Surname (Last Name) Zhao	3. Date 15-October-2020
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Shugeng Gao
5. Manuscript Title Uniportal versus Multiportal Thoracoscopic Sleeve Lobectomy for the Surgical Treatment of Centrally Located Lung Cancer: A Single Institution Experience		
6. Manuscript Identifying Number (if you know it) JTD-20-2695		

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Dr. Zhao has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
Qingpeng

2. Surname (Last Name)
Zeng

3. Date
15-October-2020

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name
Shugeng Gao

5. Manuscript Title
Uniportal versus Multiportal Thoracoscopic Sleeve Lobectomy for the Surgical Treatment of Centrally Located Lung Cancer:
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1. Given Name (First Name) Jiagen	2. Surname (Last Name) Li	3. Date 15-October-2020
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Shugeng Gao
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1. Given Name (First Name) Fengwei	2. Surname (Last Name) Tan	3. Date 15-October-2020
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Shugeng Gao
5. Manuscript Title Uniportal versus Multiportal Thoracoscopic Sleeve Lobectomy for the Surgical Treatment of Centrally Located Lung Cancer: A Single Institution Experience		
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Mu

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Corresponding Author's Name

Shugeng Gao

5. Manuscript Title

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