

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	nation		
1. Given Name (First Name) Guofang	2. Surname (Last Name) Zhao		3. Date 07-December-2020
4. Are you the corresponding author?	✓ Yes No		
5. Manuscript Title Lobectomy with high-position single-in safe and effective surgical procedure	itercostal two-port video-assiste	ed thoracoscope for r	non-small cell lung cancer is a
6. Manuscript Identifying Number (if you kr JTD-20-3469	now it)		
Section 2. The Work Under Co	onsideration for Publicatio	n	
Did you or your institution at any time rece any aspect of the submitted work (including statistical analysis, etc.)?			
Are there any relevant conflicts of interest			
If yes, please fill out the appropriate info Excess rows can be removed by pressing		re than one entity pr	ess the "ADD" button to add a row.
Name of Institution/Company	Grant? Personal Non-Fina Fees? Suppo	Other• Co	omments
Medical Health Science and Technology Project of Zhejiang Provincial Health Commission			
Section 3. Relevant financial	activities outside the subm	itted work.	
Place a check in the appropriate boxes i of compensation) with entities as descri clicking the "Add +" box. You should rep	bed in the instructions. Use one	line for each entity;	add as many lines as you need by
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Do you have any patents, whether plan	ned, pending or issued, broadly	relevant to the work	☐ Yes ✓ No</td



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Jiang 1



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If yes, please fill out the appropriate in Excess rows can be removed by press		e more than one entity press the "ADD" button to add a row.
Name of Institution/Company	Grant	o-Financial Other? Comments
Medical Health Science and Technology Project of Zhejiang Provincial Health Commission	V	
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Jiang 2



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Wang 1



Section 1. Iden	ntifying Inform	ation						
1. Given Name (First Nam Fajiu	, ,	2. Surname (L Wang	_ast Name)			3. Date 07-Decemb	ber-2020	
4. Are you the correspond	ding author?	Yes 🗸	No	Correspond Guofang Z	ling Author's N 'hao	Name		_
5. Manuscript Title Lobectomy with high-p safe and effective surgi	ical procedure		port video-a	ssisted thora	acoscope for	non-small cel	l lung cancer is a	
6. Manuscript Identifying JTD-20-3469	Number (if you kno	ow it)						
Section 2. The	Work Under Co	nsideration	for Public	ation				
Did you or your institution any aspect of the submitt statistical analysis, etc.)?								or
Are there any relevant			☐ No					
If yes, please fill out the Excess rows can be rem				e more than	one entity p	ress the "ADD	" button to add a rov	Ν.
Name of Institution/Co	ompany	Grant		-Financial ipport	Other? Co	omments		
Medical Health Science and Project of Zhejiang Provincia Commission		✓						_
Section 3. Rele	vant financial a	ictivities ou	tside the s	ubmitted v	work.			
Place a check in the apple of compensation) with clicking the "Add +" bo	entities as describ	ed in the inst	ructions. Use	e one line fo	r each entity	; add as many	lines as you need by	
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Zhang 1



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4. Are you the cor	responding author?	Yes _✓	No Correspo Guofang	nding Author's Name J Zhao	
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Medical Health Scien Project of Zhejiang P Commission		✓			
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1. Given Name (First l Weidi	Name)	2. Surname Zhao	(Last Name)			3. Date		
4. Are you the corresp	oonding author?	Yes	✓ No	Correspond Guofang Z	_	r's Name		
5. Manuscript Title Lobectomy with hig safe and effective s	gh-position single-in urgical procedure	tercostal two	o-port video-a	ssisted thor	acoscope	for non-small ce	ell lung cancer is a	
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1. Given Name (Fi Minglei	rst Name)	2. Surname (Last Nar Yang	ne) 3. Date 07-December-2020
4. Are you the cor	responding author?	Yes 🗸 No	Corresponding Author's Name Guofang Zhao
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6. Manuscript Idei JTD-20-3469	ntifying Number (if you kr	now 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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Are there any rel	evant conflicts of intere	est? Yes ✓	No
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1. Given Name (Fi Xiang		2. Surname (Last Na Xu	ame) 3. Date 07-December-2020
4. Are you the cor	responding author?	☐ Yes ✓ No	Corresponding Author's Name Guofang Zhao
•		tercostal two-port v	video-assisted thoracoscope for non-small cell lung cancer is a
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If yes, please fill o		ormation below. If y	ou have more than one entity press the "ADD" button to add a row.
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Section 5. Relationships not covered above	
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Section 6. Disclosure Statement	
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Dr. Xu reports grants from Medical Health Science and Technology Project of Zhejiang Provincial Health Commission, during the conduct of the study; .	

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Section 1. Identifying Inform	nation		
1. Given Name (First Name) Enkuo	2. Surname (Last Name) Zheng	3. Date 07-December-2020	
4. Are you the corresponding author?	Yes ✓ No	Corresponding Author's Name Guofang Zhao	
Manuscript Title Lobectomy with high-position single-in safe and effective surgical procedure	ntercostal two-port video-a	assisted thoracoscope for non-small cell lung cancer is a	
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Medical Health Science and Technology Project of Zhejiang Provincial Health Commission	✓		
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1. Given Name (First Name) Junjun	2. Surname (Last Name) Ni	3. Date 07-December-2020	
4. Are you the corresponding author	? Yes ✓ No	Corresponding Author's Name Guofang Zhao	
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4. Are you the corresponding author?	Yes 🗸 No	Corresponding Author's Name Guofang Zhao	
5. Manuscript Title Lobectomy with high-position single-i safe and effective surgical procedure	ntercostal two-port video-a	assisted thoracoscope for non-small cell lung cancer is a	
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Medical Health Science and Technology Project of Zhejiang Provincial Health Commission	V		
Section 3. Relevant financial	activities outside the s	ubmitted work.	
Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the "Add +" box. You should report relationships that were present during the 36 months prior to publication .			
Are there any relevant conflicts of inter	est?		
Section 4. Intellectual Prope	rty Patents & Copyri <u>c</u>	hts	
Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes Vo			



Evaluation and Feedback

Please visit http://www.icmje.org/cgi-bin/feedback to provide feedback on your experience with completing this form.