

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) Chao	2. Surname (Last Name) Zhou	3. Date 12-November-2020
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Wentao Li, Jun Qian
5. Manuscript Title Clock dial integrated positioning combined with single utility port video-assisted thoracoscopic surgery: a new method for locating lung tumors		
6. Manuscript Identifying Number (if you know it) JTD-20-3312		

Section 2. The Work Under Consideration for Publication

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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Dr. Zhou has nothing to disclose.

Evaluation and Feedback

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1. Given Name (First Name)
Wentao

2. Surname (Last Name)
Li

3. Date
12-November-2020

4. Are you the corresponding author? ☒ Yes ☐ No

5. Manuscript Title
Clock dial integrated positioning combined with single utility port video-assisted thoracoscopic surgery: a new method for locating lung tumors

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Jun

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Qian

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