

Instructions

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Section 1.	Identifying Inform	ation				
1. Given Name (First Name) Xi-Xuan		2. Surname (Last Name) Zhang	3. Date 14-January-2021			
4. Are you the corresponding author?		Yes 🖌 No	Corresponding Author's Name He-Fei Li			
	non-intubated video-a	ssisted thoracic surgery w on 14 randomized contro	ith spontaneous ventilation and intubated video-assisted lled trials			
6. Manuscript Ider JTD-20-3039	ntifying Number (if you kn	ow it)				
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Dr. Zhang has nothing to disclose.

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1. Given Name (First Name) Chun-Tao		2. Surname (Last Name) Song	3. Date 14-January-2021			
4. Are you the corresponding author?		Yes 🖌 No	Corresponding Author's Name He-Fei Li			
	non-intubated video-a	ssisted thoracic surgery w on 14 randomized contro	vith spontaneous ventilation and intubated video-assisted lled trials			
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Dr. Song has nothing to disclose.

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1. Given Name (First Name) Zhen		2. Surname (Last Name) Gao		3. Date 14-January-2021		
4. Are you the corresponding author?		Yes 🖌 No	Corresponding Author's Nar He-Fei Li	me		
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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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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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Section 1.	Identifying Inform	ation			
1. Given Name (First Name) Ben		2. Surname (Last Name) Li		3. Date 14-January-2021	
4. Are you the corresponding author?		Yes 🖌 No	Corresponding Author's Nam He-Fei Li	ne	
•	non-intubated video-a	ssisted thoracic surgery w on 14 randomized control	-	and intubated video-assisted	
6. Manuscript Ider JTD-20-3039	ntifying Number (if you kn	ow it)	-		
Section 2.	The Work Under Co	onsideration for Public	ation		
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Section 3.	Relevant financial	activities outside the s	ubmitted work		
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Section 4.	Intellectual Proper	ty Patents & Copyrig	hts		
Do you have any	patents, whether planr	ned, pending or issued, bro	oadly relevant to the work?	Yes 🖌 No	



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Dr. Li has nothing to disclose.

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1. Given Name (First Name) Qiang		2. Surname (Last Name) Guo		3. Date 14-January-2021		
4. Are you the corresponding author?		Yes 🖌 No	Corresponding Author's Nam He-Fei Li	ne		
5. Manuscript Title A comparison of non-intubated video-assisted thoracic surgery with spontaneous ventilation and intubated video-ass thoracic surgery: a meta-analysis based on 14 randomized controlled trials						
6. Manuscript Ider JTD-20-3039	ntifying Number (if you kn	ow it)				
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any aspect of the s statistical analysis,	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 V No					
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He-Fei		Li			14-January-2021
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