

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Instructions

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#### 1. Identifying information.

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This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Takashi	2. Surname (Last Name) Akiyama	3. Date 26-December-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Motoki Yano
5. Manuscript Title Surgical site infection at chest tube drainage site following pulmonary resection for malignant lesions		
6. Manuscript Identifying Number (if you know it) JTD-20-2647-R1		

### 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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Do you have any patents, whether planned, pending or issued, broadly relevant to the work? ☐ Yes ☒ No

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Dr. Akiyama has nothing to disclose.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
Motoki

2. Surname (Last Name)  
Yano

3. Date  
25-December-2020

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

5. Manuscript Title  
Surgical site infection at chest tube drainage site following pulmonary resection for malignant lesions

6. Manuscript Identifying Number (if you know it)  
JTD-20-2647-R1

### Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest? ☐ Yes ☒ No

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Dr. Yano has nothing to disclose.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) HIROKI	2. Surname (Last Name) NUMANAMI	3. Date 25-December-2020
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name MOTOKI YANO
5. Manuscript Title Surgical site infection at chest tube drainage site following pulmonary resection for malignant lesions		
6. Manuscript Identifying Number (if you know it) JTD-20-2647-R1		

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Dr. NUMANAMI has nothing to disclose.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Masayuki	2. Surname (Last Name) Yamaji	3. Date 25-December-2020
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Motoki Yano
5. Manuscript Title Surgical site infection at chest tube drainage site following pulmonary resection for malignant lesions		
6. Manuscript Identifying Number (if you know it) JTD-20-2647-R1		

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Dr. Yamaji has nothing to disclose.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1.

#### Identifying Information

1. Given Name (First Name)

Rumiko

2. Surname (Last Name)

TAGUCHI

3. Date

25-December-2020

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name

Motoki YANO

5. Manuscript Title

Surgical site infection at chest tube drainage site following pulmonary resection for malignant lesions

6. Manuscript Identifying Number (if you know it)

JTD-20-2647-R1

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Are there any relevant conflicts of interest?

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Dr. Taguchi has nothing to disclose.

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#### 4. Intellectual Property.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Chihiro	2. Surname (Last Name) Furuta	3. Date 25-December-2020
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Motoki Yano
5. Manuscript Title Surgical site infection at chest tube drainage site following pulmonary resection for malignant lesions		
6. Manuscript Identifying Number (if you know it) JTD-20-2647-R1		

### 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

### Section 3. Relevant financial activities outside the submitted work.

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Are there any relevant conflicts of interest? ☐ Yes ☒ No

### Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? ☐ Yes ☒ No

## ICMJE Form for Disclosure of Potential Conflicts of Interest

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Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Dr. Furuta has nothing to disclose.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1.

#### Identifying Information

1. Given Name (First Name)

Yuka

2. Surname (Last Name)

Kitagawa

3. Date

28-December-2020

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name

Motoki Yano

5. Manuscript Title

Surgical site infection at chest tube drainage site following pulmonary resection for malignant lesions

6. Manuscript Identifying Number (if you know it)

JTD-20-2647-R1

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Are there any relevant conflicts of interest?

☐ Yes

☒ No

### Section 3.

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☒ No

### Section 4.

#### Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?

☐ Yes

☒ No

## ICMJE Form for Disclosure of Potential Conflicts of Interest

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Dr. Kitagawa has nothing to disclose.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

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#### Identifying Information

1. Given Name (First Name)

Rintaro

2. Surname (Last Name)

Imazu

3. Date

25-December-2020

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name

Motoki Yano

5. Manuscript Title

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6. Manuscript Identifying Number (if you know it)

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Dr. Imazu has nothing to disclose.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Masayuki	2. Surname (Last Name) Haniuda	3. Date 28-December-2020
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Motoki Yano
5. Manuscript Title Surgical site infection at chest tube drainage site following pulmonary resection for malignant lesions		
6. Manuscript Identifying Number (if you know it) JTD-20-2647-R1		

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Are there any relevant conflicts of interest? ☐ Yes ☒ No

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Dr. Haniuda has nothing to disclose.

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