

ICMJE DISCLOSURE FORM

Date: 2021-7-10

Your Name: Hao He

Manuscript Title: Analysis of anatomical variations of the lingular artery of the left upper lobe using 3D computed tomography angiography and bronchography

Manuscript number (if known): _____

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

The following questions apply to the author's relationships/activities/interests as they relate to the current manuscript only.

The author's relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
Time frame: Since the initial planning of the work			
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	___ None	
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	___ None	
3	Royalties or licenses	___ None	
4	Consulting fees	___ None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	_____ None	
6	Payment for expert testimony	_____ None	
7	Support for attending meetings and/or travel	_____ None	
8	Patents planned, issued or pending	_____ None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	_____ None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	_____ None	
11	Stock or stock options	_____ None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	_____ None	
13	Other financial or non-financial interests	_____ None	

Please summarize the above conflict of interest in the following box:

Hao He has nothing to disclose.

Please place an "X" next to the following statement to indicate your agreement:

X I certify that I have answered every question and have not altered the wording of any of the questions on this form.

ICMJE DISCLOSURE FORM

Date: 2021-7-10

Your Name: Peng Chen

Manuscript Title: Analysis of anatomical variations of the lingular artery of the left upper lobe using 3D computed tomography angiography and bronchography

Manuscript number (if known): _____

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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	___ None	
13	Other financial or non-financial interests	___ None	

Please summarize the above conflict of interest in the following box:

<p>Peng Chen has nothing to disclose.</p>

Please place an "X" next to the following statement to indicate your agreement:

X I certify that I have answered every question and have not altered the wording of any of the questions on this form.

ICMJE DISCLOSURE FORM

Date: 2021-7-10

Your Name: Xiaofeng Chen

Manuscript Title: Analysis of anatomical variations of the lingular artery of the left upper lobe using 3D computed tomography angiography and bronchography

Manuscript number (if known): _____

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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	____ None	
13	Other financial or non-financial interests	____ None	

Please summarize the above conflict of interest in the following box:

<p>Xiaofeng Chen has nothing to disclose.</p>

Please place an "X" next to the following statement to indicate your agreement:

X I certify that I have answered every question and have not altered the wording of any of the questions on this form.

ICMJE DISCLOSURE FORM

Date: 2021-7-10

Your Name: Pei Yuan Wang

Manuscript Title: Analysis of anatomical variations of the lingular artery of the left upper lobe using 3D computed tomography angiography and bronchography

Manuscript number (if known): _____

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13	Other financial or non-financial interests	____ None	

Please summarize the above conflict of interest in the following box:

Pei Yuan Wang has nothing to disclose.
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Please place an "X" next to the following statement to indicate your agreement:

X I certify that I have answered every question and have not altered the wording of any of the questions on this form.

ICMJE DISCLOSURE FORM

Date: 2021-7-10

Your Name: Shuo Yan Liu

Manuscript Title: Analysis of anatomical variations of the lingular artery of the left upper lobe using 3D computed tomography angiography and bronchography

Manuscript number (if known): _____

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<p>Shuo Yan Liu has nothing to disclose.</p>
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Your Name: Feng Wang

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<p>Feng Wang has nothing to disclose.</p>

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