

# ICMJE DISCLOSURE FORM

Date: 12.9.2021  
 Your Name: Yunke Zhu  
 Manuscript Title: Successful thoracoscopic management of iatrogenic left subclavian arterial injury: a case report  
 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.

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<b>Time frame: Since the initial planning of the work</b>			
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	x <input type="checkbox"/> None	
<b>Time frame: past 36 months</b>			
2	Grants or contracts from any entity (if not indicated in item #1 above).	x <input type="checkbox"/> None	
3	Royalties or licenses	x <input type="checkbox"/> None	
4	Consulting fees	x <input type="checkbox"/> None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	x <input type="checkbox"/> None	
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8	Patents planned, issued or pending	x <input type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	x <input type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	x <input type="checkbox"/> None	
11	Stock or stock options	x <input type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	x <input type="checkbox"/> None	
13	Other financial or non-financial interests	x <input type="checkbox"/> None	

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

None.

**Please place an “X” next to the following statement to indicate your agreement:**

☒ **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: 12.9.2021  
 Your Name: Quan Zheng  
 Manuscript Title: Successful thoracoscopic management of iatrogenic left subclavian arterial injury: a case report  
 Manuscript number (if known): \_\_\_\_\_

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Date: 12.9.2021  
 Your Name: Hu Liao  
 Manuscript Title: Successful thoracoscopic management of iatrogenic left subclavian arterial injury: a case report  
 Manuscript number (if known): \_\_\_\_\_

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# ICMJE DISCLOSURE FORM

Date: 12.9.2021  
 Your Name: Jiandong Mei  
 Manuscript Title: Successful thoracoscopic management of iatrogenic left subclavian arterial injury: a case report  
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# ICMJE DISCLOSURE FORM

Date: November 22, 2021

Your Name: Gregor Kocher

Manuscript Title: Successful thoracoscopic management of iatrogenic left subclavian arterial injury: a case report

Manuscript number (if known): \_\_\_\_\_

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# ICMJE DISCLOSURE FORM

Date: November 30, 2021

Your Name: Kimihiro Shimizu

Manuscript Title: Successful thoracoscopic management of iatrogenic left subclavian arterial injury: a case report

Manuscript number (if known): \_\_\_\_\_

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Date: 12.9.2021  
 Your Name: Lin Ma  
 Manuscript Title: Successful thoracoscopic management of iatrogenic left subclavian arterial injury: a case report  
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