

ICMJE DISCLOSURE FORM

Date: _____ 2022/1/30 _____

Your Name: _____ Benjie Cai _____

Manuscript Title: _____ Efficacy and safety of video-assisted thoracoscopic surgery and thoracotomy in the treatment of pulmonary hydatid disease in the Tibetan Plateau: a retrospective study _____

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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4	Consulting fees	__X__ None	

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13	Other financial or non-financial interests	<input checked="" 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: _____ 2022/5/24 _____

Your Name: _____ Chao Li _____

Manuscript Title: _____ Efficacy and safety of video-assisted thoracoscopic surgery and thoracotomy in the treatment of pulmonary hydatid disease in the Tibetan Plateau: a retrospective study _____

Manuscript number (if known): _____

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Date: _____ 2022/5/24 _____
 Your Name: _____ Zhui Luo _____
 Manuscript Title: ___ Efficacy and safety of video-assisted thoracoscopic surgery and thoracotomy in the treatment of pulmonary hydatid disease in the Tibetan Plateau: a retrospective study _____
 Manuscript number (if known): _____

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Date: 2022/5/24

Your Name: Dunzhu Ciren

Manuscript Title: Efficacy and safety of video-assisted thoracoscopic surgery and thoracotomy in the treatment of pulmonary hydatid disease in the Tibetan Plateau: a retrospective study

Manuscript number (if known): _____

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Date: 2022/5/24
 Your Name: Weigang Guo
 Manuscript Title: Efficacy and safety of video-assisted thoracoscopic surgery and thoracotomy in the treatment of pulmonary hydatid disease in the Tibetan Plateau: a retrospective study
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Date: _____ 2022/5/24 _____
 Your Name: _____ Jia Huang _____
 Manuscript Title: ___ Efficacy and safety of video-assisted thoracoscopic surgery and thoracotomy in the treatment of pulmonary hydatid disease in the Tibetan Plateau: a retrospective study _____
 Manuscript number (if known): _____

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