ICMJE DISCLOSURE FORM

Date:_____2022/9/16_____
Your Name:_____Shenhu Gao_____
Manuscript Title:_____Risk Factors For Postoperative Cerebral Infarction In Patients After Lung Resection : A Single-Center Case-Control Study _____
Manuscript number (if known):_____JTD-22-1019-CL_____

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Date:_____2022/9/16_____
Your Name:_____Yuwei Zhou_____
Manuscript Title:_____ Risk Factors For Postoperative Cerebral Infarction In Patients After Lung Resection : A Single-Center Case-Control Study _____
Manuscript number (if known):_____JTD-22-1019-CL_____

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Date:_____2022/9/16_____
Your Name:_____Rong Yang_____
Manuscript Title:___ Risk Factors For Postoperative Cerebral Infarction In Patients After Lung Resection : A Single-Center Case-Control Study
Manuscript number (if known):_____JTD-22-1019-CL_____

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Date:_____2022/9/16_____
Your Name:_____Chengli Du_____
Manuscript Title:___ Risk Factors For Postoperative Cerebral Infarction In Patients After Lung Resection : A Single-Center Case-Control Study_____ _____
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Date:_____2022/9/16_____
Your Name:_____Yihe Wu_____
Manuscript Title:___ Risk Factors For Postoperative Cerebral Infarction In Patients After Lung Resection : A Single-Center Case-Control Study_____ _____
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