

ICMJE DISCLOSURE FORM

Date: 2023/5/10
 Your Name: Weidi Zhao
 Manuscript Title: Penetrating chest trauma caused by a falling metallic bar
 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			
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9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	
11	Stock or stock options	<input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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

None

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Date: 2023/5/10
 Your Name: Minghui Chu
 Manuscript Title: Penetrating chest trauma caused by a falling metallic bar
 Manuscript number (if known): _____

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 Your Name: Lingzhen Ma
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ICMJE DISCLOSURE FORM

Date: 08.05.2023

Your Name: Fabrizio Minervini

Manuscript Title: Penetrating chest trauma caused by a falling metallic bar

Manuscript number (if known): _____

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No conflict of interests to declare

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ICMJE DISCLOSURE FORM

Date: 2023/5/10
 Your Name: Tamas F. Molnar
 Manuscript Title: Penetrating chest trauma caused by a falling metallic bar
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ICMJE DISCLOSURE FORM

Date: 2023/5/10
 Your Name: Enkuo Zheng
 Manuscript Title: Penetrating chest trauma caused by a falling metallic bar
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Date: 2023/5/10
 Your Name: Junjun Ni
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Date: 2023/5/10
 Your Name: Minglei Yang
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ICMJE DISCLOSURE FORM

Date: 2023/5/10
 Your Name: Guofang Zhao
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