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Consulting fees

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5	Payment or honoraria for	None	
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	speakers bureaus,		
	manuscript writing or		
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6	Payment for expert	<u>√</u> None	
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	meetings and/or travel		
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8	Patents planned, issued or	√ None	
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9	Participation on a Data	None	
	Safety Monitoring Board or		
	Advisory Board	7	
10	Leadership or fiduciary role	None	
-	in other board, society,		
	committee or advocacy		
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11	Stock or stock options	None	·
12	Receipt of equipment,	<u>√</u> None	
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13	Other financial or non-	_√None	
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I have v	no conflicts	of interest to	declare.	

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

\(\frac{\times}{\times}\) I certify that I have answered every question and have not altered the wording of any of the questions on this form.

Date:	2023/06/01_				
Your Name:		Na Nadomatsu			
Manuscript Title: Complete	lete visualization using indocyanine green in thoracic surgery for pulmonary sequestration _				
Manuscript number (if known	ber (if known):				
the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are lated to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third rties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a lationship/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 <u>current</u> manuscript only.					
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	Time frame: Since the initi	ial planning of the work			
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: pa	st 36 months			
Grants or contracts from any entity (if not indicated in item #1 above).	None				
Royalties or licenses	None				
Consulting fees	<u>√</u> None				

5	Payment or honoraria for	None	
	lectures, presentations,	·	
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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.

Da	te:	2023/06/01_				
Yo	ur Name:	Hamshi Ucas				
Ma	nuscript Title: Complete v	visualization using indocyanine green in thoracic surgery for pulmonary sequestration _ $3 - 92$				
Ma	nuscript number (if known)	: <u>J</u>	tD-23-142			
In	the interest of transparency	, we ask you to disclose a	Ill relationships/activities/interests listed below that are			
rel	ated to the content of your	manuscript. "Related" m	eans any relation with for-profit or not-for-profit third			
pa	rties whose interests may be	e affected by the content	of the manuscript. Disclosure represents a commitment			
	transparency and does not i ationship/activity/interest,		s. If you are in doubt about whether to list a			
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		Name all entities with	Specifications/Comments			
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	processing charges, etc.)					
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2	Grants or contracts from	None	•			
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3	Royalties or licenses	✓ None				

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Consulting fees

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5	Payment or honoraria for	None	
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I have no conflicts of interest to declare.

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.

Date:	2023/06/01_	
our Name:	Talab Cabo	
lanuscript Title: Complete v	visualization using indocya	nine green in thoracic surgery for pulmonary sequestration _
lanuscript number (if known)		23-892
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Royalties or licenses	None	
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Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events None				
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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.

Da	te:	2023/06/01_ 5hota Naka	
Yo	ur Name:		
Ma	anuscript Title: Complete v	≀isualization using indocyar	nine green in thoracic surgery for pulmonary sequestration _
Ma	nuscript number (if known)):	0-23-892
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	Royalties or licenses	None	
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	Consulting fees	None	

Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events None				
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I have no	conflicts of	interest to declar	C.	
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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.

Dat	te:	2023/06/01_	
Υοι	ur Name: Texsh	19 Mizune	
Ma	nuscript Title: Complete	isualization using indocya	nine green in thoracic surgery for pulmonary sequestration _
Ma	nuscript number (if known)	(الد	1-23-892
In t	the interest of transparency	, we ask you to disclose a	II relationships/activities/interests listed below that are
rela	ated to the content of your	manuscript. "Related" me	eans any relation with for-profit or not-for-profit third
par	ties whose interests may be	affected by the content	of the manuscript. Disclosure represents a commitment
to	transparency and does not r	necessarily indicate a bias	s. If you are in doubt about whether to list a
	ationship/activity/interest,		
The	e following questions apply	to the author's relationsh	nips/activities/interests as they relate to the current
	nuscript only.		
			
The	e author's relationships/acti	vities/interests should be	e defined broadly. For example, if your manuscript pertains
to	the enidemiology of hyperte	ension, vou should declar	e all relationships with manufacturers of antihypertensive
me	dication, even if that medic	ation is not mentioned in	the manuscript.
1110	areation, even in that means		
ln i	tem #1 helow report all su	nort for the work report	ed in this manuscript without time limit. For all other items,
	time frame for disclosure is		
uiic	time manne for disclosure is	the past so months.	
		Name all entities with	Specifications/Comments
		whom you have this	(e.g., if payments were made to you or to your
		relationship or indicate	institution)
		none (add rows as	
		needed)	
		Time frame: Since the initi	al planning of the work
1	All support for the present	None	
	manuscript (e.g., funding,		
	provision of study materials,		
	medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
	·		
		Time frame: pa	st 36 months
2	Grants or contracts from	<u>None</u>	•
	any entity (if not indicated		

in item #1 above).

Consulting fees

Royalties or licenses

✓ None

✓_None

5	Payment or honoraria for	<u> ✓ N</u> one	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events	•	
6	Payment for expert	<u>√</u> None	
	testimony		
7	Support for attending	None	
	meetings and/or travel		
	÷ 1		
8	Patents planned, issued or	√ None	
_	pending		
9	Participation on a Data	None	
	Safety Monitoring Board or		
	Advisory Board	/	
10	Leadership or fiduciary role	None	
	in other board, society,		
	committee or advocacy	·	
	group, paid or unpaid		
11	Stock or stock options	None	
12	Receipt of equipment,	None	
	materials, drugs, medical		
	writing, gifts or other	1	
12	services Other financial or non-	None	
13	financial interests	None	
	Illianciai interests		
	•		
Ple	ease summarize the above o	conflict of interest in the fo	llowing box:
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			I to do la
	T house	no conflicts of inte	rest in accounce.
	1 1000	•	

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

\(\frac{1}{2}\) I certify that I have answered every question and have not altered the wording of any of the questions on this form.

Da	te:	2023/06/01_	
Yo	ur Name: Tank	7 Che- Total	
Ma	anuscript Title:Complete v	visualization using indocyan	nine green in thoracic surgery for pulmonary sequestration _
	nuscript number (if known)		0-23-892
rel par to rel	ated to the content of your ries whose interests may be transparency and does not a ationship/activity/interest,	manuscript. "Related" me e affected by the content necessarily indicate a bias it is preferable that you d	Il relationships/activities/interests listed below that are eans any relation with for-profit or not-for-profit third of the manuscript. Disclosure represents a commitment . If you are in doubt about whether to list a o so. hips/activities/interests as they relate to the current
to me	the epidemiology of hypertoedication, even if that medic	ension, you should declare cation is not mentioned in pport for the work reporte	e <u>defined broadly</u> . For example, if your manuscript pertains e all relationships with manufacturers of antihypertensive the manuscript. ed in this manuscript without time limit. For all other items,
		Name all entities with	Specifications/Comments
		whom you have this	(e.g., if payments were made to you or to your
		relationship or indicate	institution)
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	,	needed)	
		Time frame: Since the initia	al planning of the work
1	All support for the present	√ None	
	manuscript (e.g., funding,		
	provision of study materials,		
	medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
		Time frame: pas	t 36 months
2	Grants or contracts from	✓None	
_	any entity (if not indicated		
	in item #1 above).	/	
3	Royalties or licenses	None	
_	ine fairles of moonings		
4	Consulting fees	None	

5	Payment or honoraria for	None	
	lectures, presentations,		
	speakers bureaus,		
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	meetings and/or travel		
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8	Patents planned, issued or	√ None	
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9	Participation on a Data	✓_None	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	None	
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11	Stock or stock options	None	
43	Passint of aguinment	None	
12	Receipt of equipment,	- None	
	materials, drugs, medical		
	writing, gifts or other		
	services	/	
13	Other financial or non-	<u> ✓</u> None	
	financial interests		
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 I have no conflicts of interest to declare.

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.