

ICMJE DISCLOSURE FORM

Date: 2023/5/24

Your Name: Lin-chuan Liang

Manuscript Title: Video-assisted thoracic surgery is feasible and safe for acute necrotizing mediastinitis: a retrospective cohort 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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Please summarize the above conflict of interest in the following box:

None

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Date: 2023/5/24
 Your Name: Zhi-yu Peng
 Manuscript Title: Video-assisted thoracic surgery is feasible and safe for acute necrotizing mediastinitis: a retrospective cohort study
 Manuscript number (if known): _____

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Date: 2023/5/24

Your Name: Hua-hang Lin

Manuscript Title: Video-assisted thoracic surgery is feasible and safe for acute necrotizing mediastinitis: a retrospective cohort study

Manuscript number (if known): _____

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ICMJE DISCLOSURE FORM

Date: 2023/5/24
 Your Name: Ke Zhou
 Manuscript Title: Video-assisted thoracic surgery is feasible and safe for acute necrotizing mediastinitis: a retrospective cohort study
 Manuscript number (if known): _____

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Date: 2023/5/24
 Your Name: Jie Cao
 Manuscript Title: Video-assisted thoracic surgery is feasible and safe for acute necrotizing mediastinitis: a retrospective cohort study
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Date: 2023/5/24

Your Name: Zhao-kang Huang

Manuscript Title: Video-assisted thoracic surgery is feasible and safe for acute necrotizing mediastinitis: a retrospective cohort study

Manuscript number (if known): _____

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 Your Name: Jian-dong Mei
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