

## ICMJE DISCLOSURE FORM

Date: Feb. 29<sup>th</sup>, 2023

Your Name: Wenzheng Xu

Manuscript Title: Anatomical distribution and clinical significance of translobar bronchi, arteries, and veins hidden in the interlobar fissure

Manuscript number (if known): JTD-23-1534

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.

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		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)
<b>Time frame: Since the initial planning of the work</b>			
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	__X__ None	
<b>Time frame: past 36 months</b>			
2	Grants or contracts from any entity (if not indicated in item #1 above).	__X__ None	
3	Royalties or licenses	__X__ None	
4	Consulting fees	__X__ None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
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.

**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: Feb. 29<sup>th</sup>, 2023

Your Name: Zhihua Li

Manuscript Title: Anatomical distribution and clinical significance of translobar bronchi, arteries, and veins hidden in the interlobar fissure

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## ICMJE DISCLOSURE FORM

Date: Feb. 29<sup>th</sup>, 2023

Your Name: Zhicheng He

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## ICMJE DISCLOSURE FORM

Date: Feb. 29<sup>th</sup>, 2023

Your Name: Chuan Gao

Manuscript Title: Anatomical distribution and clinical significance of translobar bronchi, arteries, and veins hidden in the interlobar fissure

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## ICMJE DISCLOSURE FORM

Date: Feb. 29<sup>th</sup>, 2023

Your Name: Shusheng Zhu

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## ICMJE DISCLOSURE FORM

Date: Feb. 29<sup>th</sup>, 2023

Your Name: Weibing Wu

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## ICMJE DISCLOSURE FORM

Date: Feb. 29<sup>th</sup>, 2023

Your Name: Liang Chen

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1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	the National Natural Science Foundation of China (81972175)	
		the Major Program of Science and Technology Foundation of Jiangsu Province (No. BE2018746)	
		the Program of Jiangsu Medical Innovation Team (No. CXTDA2017006)	
<b>Time frame: past 36 months</b>			
2	Grants or contracts from any entity (if not indicated)	<u>  </u> X <u>  </u> None	

	in item #1 above).		
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