

## ICMJE DISCLOSURE FORM

Date: 12/10/2023  
 Your Name: Adam R. Dyas  
 Manuscript Title: The Association Between Patient Preoperative Disposition and Outcomes After Diagnostic Lung Biopsy  
 Manuscript number (if known): JTD-23-1724

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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9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
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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: 12/10/2023  
 Your Name: Christina M. Stuart  
 Manuscript Title: The Association Between Patient Preoperative Disposition and Outcomes After Diagnostic Lung Biopsy  
 Manuscript number (if known): JTD-23-1724

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Date: 12/10/2023  
 Your Name: Yizhou Fei  
 Manuscript Title: The Association Between Patient Preoperative Disposition and Outcomes After Diagnostic Lung Biopsy  
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Date: 12/10/2023  
 Your Name: Jake L. Cotton  
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Date: 12/10/2023  
 Your Name: Kathryn L. Colborn  
 Manuscript Title: The Association Between Patient Preoperative Disposition and Outcomes After Diagnostic Lung Biopsy  
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Date: 12/10/2023  
 Your Name: Michael J. Weyant  
 Manuscript Title: The Association Between Patient Preoperative Disposition and Outcomes After Diagnostic Lung Biopsy  
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Date: 12/10/2023  
 Your Name: Simran K. Randhawa  
 Manuscript Title: The Association Between Patient Preoperative Disposition and Outcomes After Diagnostic Lung Biopsy  
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Date: 12/10/2023  
 Your Name: Elizabeth A. David  
 Manuscript Title: The Association Between Patient Preoperative Disposition and Outcomes After Diagnostic Lung Biopsy  
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Date: 12/10/2023  
 Your Name: John D. Mitchell  
 Manuscript Title: The Association Between Patient Preoperative Disposition and Outcomes After Diagnostic Lung Biopsy  
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<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>	<input checked="" type="checkbox"/> None	
<b>Time frame: past 36 months</b>			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input type="checkbox"/> None	
3	Royalties or licenses	<input checked="" type="checkbox"/> None	
4	Consulting fees	<input type="checkbox"/> 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.