

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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Section 1. Identifying Information

1. Given Name (First Name) Zhuhui	2. Surname (Last Name) Yuan	3. Date 13-August-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Jiasheng Zheng, Wei Li
5. Manuscript Title Erratum to successful ablation for pulmonary artery tumor thrombosis more than 5 cm with massive hepatocellular carcinoma and multiple pulmonary metastases		
6. Manuscript Identifying Number (if you know it)		

Section 2. The Work Under Consideration for Publication

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Dr. Yuan has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Yang	2. Surname (Last Name) Wang	3. Date 13-August-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Jiasheng Zheng, Wei Li
5. Manuscript Title Erratum to successful ablation for pulmonary artery tumor thrombosis more than 5 cm with massive hepatocellular carcinoma and multiple pulmonary metastases		
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Dr. Wang has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
Miao Lucy

2. Surname (Last Name)
He

3. Date
13-August-2018

4. Are you the corresponding author? Yes No

Corresponding Author's Name
Jiasheng Zheng, Wei Li

5. Manuscript Title
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Section 1. Identifying Information

1. Given Name (First Name)

Jiasheng

2. Surname (Last Name)

Zheng

3. Date

13-August-2018

4. Are you the corresponding author?

Yes No

5. Manuscript Title

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