

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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Section 1. Identifying Information

1. Given Name (First Name) Zhongqin	2. Surname (Last Name) Huang	3. Date 17-November-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Lingling Hong
5. Manuscript Title Real-time and accuracy of rapid on-site cytological evaluation of lung cancer		
6. Manuscript Identifying Number (if you know it) TCR-20-3294		

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Did you or your institution **at any time** receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

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Dr. Huang has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Dongchun	2. Surname (Last Name) Zhuang	3. Date 17-November-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Lingling Hong
5. Manuscript Title Real-time and accuracy of rapid on-site cytological evaluation of lung cancer		
6. Manuscript Identifying Number (if you know it) TCR-20-3294		

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Dr. Zhuang has nothing to disclose.

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1. Given Name (First Name) Airan	2. Surname (Last Name) Feng	3. Date 17-November-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Lingling Hong
5. Manuscript Title Real-time and accuracy of rapid on-site cytological evaluation of lung cancer		
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Lingling

2. Surname (Last Name)
Hong

3. Date
17-November-2020

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