

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Chong-Kin

2. Surname (Last Name)
Liam

3. Date
26-March-2020

4. Are you the corresponding author? ☒ Yes ☐ No

5. Manuscript Title
Accuracy of lung cancer staging in the multidisciplinary team setting

6. Manuscript Identifying Number (if you know it)
TLCR-2019-LCMC-03

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Dr. Liam has nothing to disclose.

Evaluation and Feedback

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Section 1. Identifying Information

1. Given Name (First Name) Yong-Sheng	2. Surname (Last Name) Liam	3. Date 26-March-2020
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Chong-Kin Liam
5. Manuscript Title Accuracy of lung cancer staging in the multidisciplinary team setting		
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Are there any relevant conflicts of interest? ☐ Yes ☒ No

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Mau-Ern

2. Surname (Last Name)

Poh

3. Date

26-March-2020

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☐ Yes

☒ No

Corresponding Author's Name

Chong-Kin Liam

5. Manuscript Title

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4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Chong-Kin Liam
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