

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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4. Intellectual Property.

This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

Simin

2. Surname (Last Name)

Jiang

3. Date

12-September-2020

4. Are you the corresponding author?

Yes

No

Corresponding Author's Name

Jiayuan Sun

5. Manuscript Title

A pilot study of the ultrathin cryoprobe in the diagnosis of peripheral pulmonary ground-glass opacity lesions

6. Manuscript Identifying Number (if you know it)

TLCR-20-957

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Are there any relevant conflicts of interest?

Yes

No

Section 3. Relevant financial activities outside the submitted work.

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Dr. Jiang has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Xiaojun	2. Surname (Last Name) Liu	3. Date 12-September-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Jiayuan Sun
5. Manuscript Title A pilot study of the ultrathin cryoprobe in the diagnosis of peripheral pulmonary ground-glass opacity lesions		
6. Manuscript Identifying Number (if you know it) TLCR-20-957		

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Section 1. Identifying Information

1. Given Name (First Name) Junxiang	2. Surname (Last Name) Chen	3. Date 11-September-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Jiayuan Sun
5. Manuscript Title A pilot study of the ultrathin cryoprobe in the diagnosis of peripheral pulmonary ground-glass opacity lesions		
6. Manuscript Identifying Number (if you know it) TLCR-20-957		

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Are there any relevant conflicts of interest? Yes No

Section 4. Intellectual Property -- Patents & Copyrights

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1. Given Name (First Name) Haifeng	2. Surname (Last Name) Ma	3. Date 11-September-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Jiayuan Sun
5. Manuscript Title A pilot study of the ultrathin cryoprobe in the diagnosis of peripheral pulmonary ground-glass opacity lesions		
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1. Given Name (First Name) Fangfang	2. Surname (Last Name) Xie	3. Date 12-September-2020
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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

Jiayuan

2. Surname (Last Name)

Sun

3. Date

12-September-2020

4. Are you the corresponding author?

Yes No

5. Manuscript Title

A pilot study of the ultrathin cryoprobe in the diagnosis of peripheral pulmonary ground-glass opacity lesions

6. Manuscript Identifying Number (if you know it)

TLCR-20-957

Section 2. The Work Under Consideration for Publication

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. Sun has nothing to disclose.

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