

ICMJE DISCLOSURE FORM

Date: 2021-5-21

Your Name: Xukai Li

Manuscript Title: Preoperative CT-guided indocyanine green injection is associated with successful localization of small pulmonary nodules

Manuscript number (if known): _____

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.

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Time frame: past 36 months			
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3	Royalties or licenses	None	
4	Consulting fees	None	

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ICMJE DISCLOSURE FORM

Date: 2021-5-21

Your Name: Ke Xu

Manuscript Title: Preoperative CT-guided indocyanine green injection is associated with successful localization of small pulmonary nodules

Manuscript number (if known): _____

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ICMJE DISCLOSURE FORM

Date: 2021-5-21
 Your Name: Renli Cen
 Manuscript Title: Preoperative CT-guided indocyanine green injection is associated with successful localization of small pulmonary nodules
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ICMJE DISCLOSURE FORM

Date: 2021-5-21
 Your Name: Jinghui Deng
 Manuscript Title: Preoperative CT-guided indocyanine green injection is associated with successful localization of small pulmonary nodules
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Date: 2021-5-21
 Your Name: Zhexue Hao
 Manuscript Title: Preoperative CT-guided indocyanine green injection is associated with successful localization of small pulmonary nodules
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ICMJE DISCLOSURE FORM

Date: 2021-5-21

Your Name: Jun Liu

Manuscript Title: Preoperative CT-guided indocyanine green injection is associated with successful localization of small pulmonary nodules

Manuscript number (if known): _____

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ICMJE DISCLOSURE FORM

Date: 2021-5-21

Your Name: Hiromitsu Takizawa

Manuscript Title: Preoperative CT-guided indocyanine green injection is associated with successful localization of small pulmonary nodules

Manuscript number (if known): _____

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ICMJE DISCLOSURE FORM

Date: 2021-5-21
 Your Name: Calvin S. H. Ng
 Manuscript Title: Preoperative CT-guided indocyanine green injection is associated with successful localization of small pulmonary nodules
 Manuscript number (if known): _____

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ICMJE DISCLOSURE FORM

Date: 2021-5-21
 Your Name: Giuseppe Marulli
 Manuscript Title: Preoperative CT-guided indocyanine green injection is associated with successful localization of small pulmonary nodules
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Date: 2021-5-21
 Your Name: Min P. Kim
 Manuscript Title: Preoperative CT-guided indocyanine green injection is associated with successful localization of small pulmonary nodules
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ICMJE DISCLOSURE FORM

Date: 2021-5-21

Your Name: Fei Cui

Manuscript Title: Preoperative CT-guided indocyanine green injection is associated with successful localization of small pulmonary nodules

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Date: 2021-5-21

Your Name: Jianxing He

Manuscript Title: Preoperative CT-guided indocyanine green injection is associated with successful localization of small pulmonary nodules

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1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	None	
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	
4	Consulting fees	None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<u> </u> None	
6	Payment for expert testimony	<u> </u> None	
7	Support for attending meetings and/or travel	<u> </u> None	
8	Patents planned, issued or pending	<u> </u> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<u> </u> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<u> </u> None	
11	Stock or stock options	<u> </u> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<u> </u> None	
13	Other financial or non-financial interests	<u> </u> 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:

 X I certify that I have answered every question and have not altered the wording of any of the questions on this form.