Date:	_2022/11/14
Your Name:	Fei Cui
Manuscript Title:	Expert consensus on indocyanine green fluorescence imaging for thoracoscopic lung resection
(The Version 2022)	
Manuscript number (if known):

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		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
		Time frame: Since the initial	planning of the work
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.	XNone	
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	XNone	
3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	XNone	
6	Payment for expert testimony	XNone	
7	Support for attending meetings and/or travel	XNone	
8	Patents planned, issued or pending	XNone	
9	Participation on a Data Safety Monitoring Board or Advisory Board	XNone	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	XNone	
11	Stock or stock options	XNone	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	XNone	
13	Other financial or non- financial interests	XNone	

None

Please place an "X" next to the following statement to indicate your agreement:

Date:	.022/11/14	_
Your Name:	Jun Liu	
Manuscript Title:	expert consensus on indocyanine green fluorescence imaging for thoracoscopic lung resect	tion
(The Version 2022)		
Manuscript number (known):	

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10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	XNone	
11	Stock or stock options	XNone	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	XNone	
13	Other financial or non- financial interests	XNone	

None

Please place an "X" next to the following statement to indicate your agreement:

Date:	_2022/11/14	
Your Name:	Ming Du	
Manuscript Title:	_ Expert consens	us on indocyanine green fluorescence imaging for thoracoscopic lung resection
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11	Stock or stock options	XNone	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	XNone	
13	Other financial or non- financial interests	XNone	

None

Please place an "X" next to the following statement to indicate your agreement:

Date:	_2022/11/14	
Your Name:	Junqiang Fan	
Manuscript Title:	_ Expert consensus	on indocyanine green fluorescence imaging for thoracoscopic lung resection
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Manuscript number (if known):	

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11	Stock or stock options	XNone	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	XNone	
13	Other financial or non- financial interests	XNone	

None

Please place an "X" next to the following statement to indicate your agreement:

Date:	_2022/11/14	
Your Name:	Junke Fu	
Manuscript Title:	_ Expert consensus	on indocyanine green fluorescence imaging for thoracoscopic lung resection
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3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

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7	Support for attending meetings and/or travel	XNone	
8	Patents planned, issued or pending	XNone	
9	Participation on a Data Safety Monitoring Board or Advisory Board	XNone	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	XNone	
11	Stock or stock options	XNone	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	XNone	
13	Other financial or non- financial interests	XNone	

None

Please place an "X" next to the following statement to indicate your agreement:

Date:	_2022/11/14	
Your Name:	Qing Geng	
Manuscript Title:	_ Expert consensu	s on indocyanine green fluorescence imaging for thoracoscopic lung resection
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Manuscript number (if known):	

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4	Consulting fees	XNone	

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6	Payment for expert testimony	XNone	
7	Support for attending meetings and/or travel	XNone	
8	Patents planned, issued or pending	XNone	
9	Participation on a Data Safety Monitoring Board or Advisory Board	XNone	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	XNone	
11	Stock or stock options	XNone	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	XNone	
13	Other financial or non- financial interests	XNone	

None

Please place an "X" next to the following statement to indicate your agreement:

Date:	_2022/11/14	
Your Name:	Ming He	
Manuscript Title:	Expert consensus on indocyanine gree	en fluorescence imaging for thoracoscopic lung resection
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Manuscript number	if known):	

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4	Consulting fees	XNone	

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11	Stock or stock options	XNone	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	XNone	
13	Other financial or non- financial interests	XNone	

None

Please place an "X" next to the following statement to indicate your agreement:

Date:	_2022/11/14_	
Your Name:	Jian Hu _	
Manuscript Title:	_ Expert conse	nsus on indocyanine green fluorescence imaging for thoracoscopic lung resection
(The Version 2022)		
Manuscript number (if known):	

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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	XNone	
13	Other financial or non- financial interests	XNone	

None

Please place an "X" next to the following statement to indicate your agreement:

Date:	_2022/11/14
Your Name:	Bin Li
Manuscript Title:	_ Expert consensus on indocyanine green fluorescence imaging for thoracoscopic lung resection
(The Version 2022)	
Manuscript number (if known):

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10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	XNone	
11	Stock or stock options	XNone	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	XNone	
13	Other financial or non- financial interests	XNone	

None

Please place an "X" next to the following statement to indicate your agreement:

Date:	_2022/11/14
Your Name:	Shanqing Li
Manuscript Title:	Expert consensus on indocyanine green fluorescence imaging for thoracoscopic lung resection
(The Version 2022)	
Manuscript number (if known):

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11	Stock or stock options	XNone	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	XNone	
13	Other financial or non- financial interests	XNone	

None

Please place an "X" next to the following statement to indicate your agreement:

Date:	_2022/11/14	
Your Name:	Xukai Li	
Manuscript Title:	_ Expert consen	sus on indocyanine green fluorescence imaging for thoracoscopic lung resection
(The Version 2022)		
Manuscript number (if known):	

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6	Payment for expert testimony	XNone	
7	Support for attending meetings and/or travel	XNone	
8	Patents planned, issued or pending	XNone	
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10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	XNone	
11	Stock or stock options	XNone	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	XNone	
13	Other financial or non- financial interests	XNone	

None

Please place an "X" next to the following statement to indicate your agreement:

Date:	_2022/11/14	
Your Name:	Yong-De Liao	
Manuscript Title:	_ Expert consensus of	on indocyanine green fluorescence imaging for thoracoscopic lung resection
(The Version 2022)		
Manuscript number (if known):	

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11	Stock or stock options	XNone	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	XNone	
13	Other financial or non- financial interests	XNone	

None

Please place an "X" next to the following statement to indicate your agreement:

Date:	2022/11/14	
Your Name:	Ling Lin	
Manuscript Title:	Expert consensus on indocyanine green fluorescence imaging for thoracoscopic lung resection	n
(The Version 2022)		
Manuscript number	known):	

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11	Stock or stock options	XNone	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	XNone	
13	Other financial or non- financial interests	XNone	

None

Please place an "X" next to the following statement to indicate your agreement:

Date:	022/11/14	
Your Name:	Feng Liu	
Manuscript Title:	expert consensus on indocyanine green fluorescence imaging for thoracoscopic lung resectio	n
(The Version 2022)		
Manuscript number (known):	

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		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
		Time frame: Since the initial	planning of the work
1	All support for the present	XNone	
	manuscript (e.g., funding,		
	provision of study materials,		
	medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
		Time frame: past	36 months
2	Grants or contracts from	XNone	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	XNone	
6	Payment for expert testimony	XNone	
7	Support for attending meetings and/or travel	XNone	
8	Patents planned, issued or pending	XNone	
9	Participation on a Data Safety Monitoring Board or Advisory Board	XNone	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	XNone	
11	Stock or stock options	XNone	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	XNone	
13	Other financial or non- financial interests	XNone	

None

Please place an "X" next to the following statement to indicate your agreement:

Date:	_2022/11/14	
Your Name:	Jian Liu	
Manuscript Title:	_ Expert consen	sus on indocyanine green fluorescence imaging for thoracoscopic lung resection
(The Version 2022)		
Manuscript number (if known):	

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		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	XNone	
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4	Consulting fees	XNone	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	XNone	
6	Payment for expert testimony	XNone	
7	Support for attending meetings and/or travel	XNone	
8	Patents planned, issued or pending	XNone	
9	Participation on a Data Safety Monitoring Board or Advisory Board	XNone	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	XNone	
11	Stock or stock options	XNone	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	XNone	
13	Other financial or non- financial interests	XNone	

None

Please place an "X" next to the following statement to indicate your agreement:

Date:	_2022/11/14
Your Name:	Junhong Lv
Manuscript Title:	Expert consensus on indocyanine green fluorescence imaging for thoracoscopic lung resection
(The Version 2022)	
Manuscript number (i	f known):

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4	Consulting fees	XNone	

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6	Payment for expert testimony	XNone	
7	Support for attending meetings and/or travel	XNone	
8	Patents planned, issued or pending	XNone	
9	Participation on a Data Safety Monitoring Board or Advisory Board	XNone	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	XNone	
11	Stock or stock options	XNone	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	XNone	
13	Other financial or non- financial interests	XNone	

None

Please place an "X" next to the following statement to indicate your agreement:

Date:	_2022/11/14
Your Name:	Qiang Pu
Manuscript Title:	_ Expert consensus on indocyanine green fluorescence imaging for thoracoscopic lung resection
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Manuscript number	if known):

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4	Consulting fees	XNone	

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9	Participation on a Data Safety Monitoring Board or Advisory Board	XNone	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	XNone	
11	Stock or stock options	XNone	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	XNone	
13	Other financial or non- financial interests	XNone	

None

Please place an "X" next to the following statement to indicate your agreement:

Date:	_2022/11/14	
Your Name:	Lijie Tan	
Manuscript Title:	_ Expert consens	us on indocyanine green fluorescence imaging for thoracoscopic lung resection
(The Version 2022)		
Manuscript number (if known):	

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3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	XNone	
6	Payment for expert testimony	XNone	
7	Support for attending meetings and/or travel	XNone	
8	Patents planned, issued or pending	XNone	
9	Participation on a Data Safety Monitoring Board or Advisory Board	XNone	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	XNone	
11	Stock or stock options	XNone	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	XNone	
13	Other financial or non- financial interests	XNone	

None

Please place an "X" next to the following statement to indicate your agreement:

Date:	_2022/11/14	
Your Name:	Hui Tian	
Manuscript Title:	_ Expert consens	us on indocyanine green fluorescence imaging for thoracoscopic lung resection
(The Version 2022)		
Manuscript number (if known):	

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3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	XNone	
6	Payment for expert testimony	XNone	
7	Support for attending meetings and/or travel	XNone	
8	Patents planned, issued or pending	XNone	
9	Participation on a Data Safety Monitoring Board or Advisory Board	XNone	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	XNone	
11	Stock or stock options	XNone	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	XNone	
13	Other financial or non- financial interests	XNone	

None

Please place an "X" next to the following statement to indicate your agreement:

Date:	_2022/11/14
Your Name:	Mingsong Wang
Manuscript Title:	Expert consensus on indocyanine green fluorescence imaging for thoracoscopic lung resection
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Manuscript number (if known):

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3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	XNone	
6	Payment for expert testimony	XNone	
7	Support for attending meetings and/or travel	XNone	
8	Patents planned, issued or pending	XNone	
9	Participation on a Data Safety Monitoring Board or Advisory Board	XNone	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	XNone	
11	Stock or stock options	XNone	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	XNone	
13	Other financial or non- financial interests	XNone	

None

Please place an "X" next to the following statement to indicate your agreement:

Date:	_2022/11/14	
Your Name:	Tao Wang	
Manuscript Title:	_ Expert consensu	s on indocyanine green fluorescence imaging for thoracoscopic lung resection
(The Version 2022)		
Manuscript number (if known):	

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	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	XNone	
6	Payment for expert testimony	XNone	
7	Support for attending meetings and/or travel	XNone	
8	Patents planned, issued or pending	XNone	
9	Participation on a Data Safety Monitoring Board or Advisory Board	XNone	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	XNone	
11	Stock or stock options	XNone	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	XNone	
13	Other financial or non- financial interests	XNone	

None

Please place an "X" next to the following statement to indicate your agreement:

Date:	_2022/11/14	
Your Name:	Li Wei	
Manuscript Title:	_ Expert consens	us on indocyanine green fluorescence imaging for thoracoscopic lung resection
(The Version 2022)		
Manuscript number (if known):	

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6	Payment for expert testimony	XNone	
7	Support for attending meetings and/or travel	XNone	
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9	Participation on a Data Safety Monitoring Board or Advisory Board	XNone	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	XNone	
11	Stock or stock options	XNone	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	XNone	
13	Other financial or non- financial interests	XNone	

None

Please place an "X" next to the following statement to indicate your agreement:

Date:	_2022/11/14
Your Name:	Chuan Xu
Manuscript Title:	_ Expert consensus on indocyanine green fluorescence imaging for thoracoscopic lung resection
(The Version 2022)	
Manuscript number (if known):

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	any entity (if not indicated		
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4	Consulting fees	XNone	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	XNone	
6	Payment for expert testimony	XNone	
7	Support for attending meetings and/or travel	XNone	
8	Patents planned, issued or pending	XNone	
9	Participation on a Data Safety Monitoring Board or Advisory Board	XNone	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	XNone	
11	Stock or stock options	XNone	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	XNone	
13	Other financial or non- financial interests	XNone	

None

Please place an "X" next to the following statement to indicate your agreement:

Date:	_2022/11/14
Your Name:	Shidong Xu
Manuscript Title:	Expert consensus on indocyanine green fluorescence imaging for thoracoscopic lung resection
(The Version 2022)	
Manuscript number (if known):

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11	Stock or stock options	XNone	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	XNone	
13	Other financial or non- financial interests	XNone	

None

Please place an "X" next to the following statement to indicate your agreement:

Date:	_2022/11/14	
Your Name:	Shun Xu	
Manuscript Title:	_ Expert consens	us on indocyanine green fluorescence imaging for thoracoscopic lung resection
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11	Stock or stock options	XNone	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	XNone	
13	Other financial or non- financial interests	XNone	

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

Date:	2022/11/14	
Your Name:	Haoxian Yang	
Manuscript Title:	Expert consensus on indocyanine green fluorescence imaging for thoracoscopic lung resection	n
(The Version 2022)		
Manuscript number (f known):	

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5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	XNone	
6	Payment for expert testimony	XNone	
7	Support for attending meetings and/or travel	XNone	
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9	Participation on a Data Safety Monitoring Board or Advisory Board	XNone	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	XNone	
11	Stock or stock options	XNone	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	XNone	
13	Other financial or non- financial interests	XNone	

None

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

Date:	_2022/11/14
Your Name:	Ben-Tong Yu
Manuscript Title:	_ Expert consensus on indocyanine green fluorescence imaging for thoracoscopic lung resection
(The Version 2022)	
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.

The following questions apply to the author's relationships/activities/interests as they relate to the <u>current</u> <u>manuscript only</u>.

The author's relationships/activities/interests should be <u>defined broadly</u>. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
		Time frame: Since the initial	planning of the work
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.	XNone	
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	XNone	
3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	XNone	
6	Payment for expert testimony	XNone	
7	Support for attending meetings and/or travel	XNone	
8	Patents planned, issued or pending	XNone	
9	Participation on a Data Safety Monitoring Board or Advisory Board	XNone	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	XNone	
11	Stock or stock options	XNone	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	XNone	
13	Other financial or non- financial interests	XNone	

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

Date:	_2022/11/14
Your Name:	Guangmao Yu
Manuscript Title:	_ Expert consensus on indocyanine green fluorescence imaging for thoracoscopic lung resection
(The Version 2022)	
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
2	Grants or contracts from any entity (if not indicated in item #1 above).	XNone	
3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	XNone	
6	Payment for expert testimony	XNone	
7	Support for attending meetings and/or travel	XNone	
8	Patents planned, issued or pending	XNone	
9	Participation on a Data Safety Monitoring Board or Advisory Board	XNone	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	XNone	
11	Stock or stock options	XNone	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	XNone	
13	Other financial or non- financial interests	XNone	

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

Date:	_2022/11/14
Your Name:	Zhentao Yu
Manuscript Title:	Expert consensus on indocyanine green fluorescence imaging for thoracoscopic lung resection
(The Version 2022)	
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: Since the initial	planning of the work
1	All support for the present	XNone	
	manuscript (e.g., funding,		
	provision of study materials,		
	medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
		Time frame: past	36 months
2	Grants or contracts from	XNone	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	XNone	
6	Payment for expert testimony	XNone	
7	Support for attending meetings and/or travel	XNone	
8	Patents planned, issued or pending	XNone	
9	Participation on a Data Safety Monitoring Board or Advisory Board	XNone	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	XNone	
11	Stock or stock options	XNone	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	XNone	
13	Other financial or non- financial interests	XNone	

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

ate:April.26.2022	
our Name:Chang Young Lee	
Ianuscript Title:Expert consensus on indocyanine green fluorescence imaging for thoracoscopic lung resectio	n
٢he version 2022)	
1anuscript 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: Since the initial	planning of the work
1	All support for the present	None	
	manuscript (e.g., funding,		
	provision of study materials,		
	medical writing, article		
	processing charges, etc.) No time limit for this item.		
	No time mint for this item.		
		T :	
-		Time frame: past	36 months
2	Grants or contracts from	None	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	None	
4	Consulting fees	None	
5		None	

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

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.

Date:25/04/2022
Your Name:Eugenio Pompeo
Manuscript Title: Expert consensus on indocyanine green fluorescence imaging for thoracoscopic lung
resection (The Version 2022)
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.

The following questions apply to the author's relationships/activities/interests as they relate to the <u>current</u> <u>manuscript only</u>.

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		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
		Time frame: Since the initial	planning of the work
1	All support for the present	None	
	manuscript (e.g., funding,		
	provision of study materials,		
	medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
		Time frame: past	36 months
2	Grants or contracts from	None	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	None	
4	Consulting fees	None	

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

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

Date:	_4/19/2022
Your Name:	Feredun Azari
Manuscript Title	Expert consensus on indocyanine green fluorescence imaging for thoracoscopic lung resection (The
Version 2022)	
Manuscript num	ber (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.

The following questions apply to the author's relationships/activities/interests as they relate to the <u>current</u> <u>manuscript only</u>.

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		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,	None	
	manuscript writing or educational events	1	
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending		Dr. Azari has been named in provisional IMI guided optical diagnosis patent
9	Participation on a Data	None	
	Safety Monitoring Board or Advisory Board		
10	Leadership or fiduciary role	None	
	in other board, society, committee or advocacy group, paid or unpaid		
11	Stock or stock options	None	
12	Receipt of equipment, materials, drugs, medical	None	
	writing, gifts or other services		
13	Other financial or non-	None	
	financial interests		

Dr. Azari has no relevant disclosures related to current manuscript. Dr. Azari has been named in a provisional IMI guided optical biopsy patent outside the scope of this manuscript.

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.

Date:	20, April, 2022
Your Name:	Hitoshi Igai
Manuscript Tit	le:Expert consensus on indocyanine green fluorescence imaging for thoracoscopic lung resection (The
Version 2022	_
Manuscript nu	mber (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
2	Grants or contracts from any entity (if not indicated in item #1 above).	_O_None	
З	Royalties or licenses	_O_None	
4	Consulting fees	_O_None	

5	Payment or honoraria for	_O_None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or educational events		
6	Payment for expert	O None	
Ŭ	testimony		
	,		
7	Support for attending meetings and/or travel	_O_None	
8	Patents planned, issued or	_O_None	
	pending		
_			
9	Participation on a Data	_O_None	
	Safety Monitoring Board or Advisory Board		
10	Leadership or fiduciary role	O None	
10	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	_O_None	
4.2			
12	12 Receipt of equipment,	_O_None	
	materials, drugs, medical writing, gifts or other		
	services		
13	Other financial or non-	_O_None	
	financial interests		

I have no conflict of interest.

Please place an "X" next to the following statement to indicate your agreement:

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

Date:22 April 2023
Your Name:Hyun Koo Kim
Manuscript Title: Expert consensus on indocyanine green fluorescence imaging for thoracoscopic lung resection
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
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	None	
5	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	None	
	testimony		
7	Support for attending	None	
	meetings and/or travel		
8	Patents planned, issued or	None	
	pending		
9	Participation on a Data	None	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	None	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	None	
12	Dessint of agricinment	None	
12	Receipt of equipment, materials, drugs, medical	None	
	writing, gifts or other		
	services		
13	Other financial or non-	None	
10	financial interests		

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

Date:19/04/2022
Your Name:Marco Andolfi
Manuscript Title: Expert consensus on indocyanine green fluorescence imaging for thoracoscopic lung resection
(The Version 2022)
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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1	All support for the present	None	
	manuscript (e.g., funding,		
	provision of study materials,		
	medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
		Time frame: past	36 months
2	Grants or contracts from	None	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	None	
4	Consulting fees	None	

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

None declared

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.

Date:	19 th April 2022			
Your Name:	_Masatsugu Hamaji			
Manuscript Title:	Expert consensus on indocyanine green fluorescence imaging for			
horacoscopic lobectomy (The Version 2022)				
Manuscript number (if	1anuscript 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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1	All support for the present manuscript (e.g., funding, provision of study materials,	None	
	medical writing, article processing charges, etc.) No time limit for this item.		
		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,	None	
	manuscript writing or educational events		
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None	
9	Participation on a Data	None	
	Safety Monitoring Board or Advisory Board		
10	Leadership or fiduciary role in other board, society, committee or advocacy	None	
	group, paid or unpaid		
11	Stock or stock options	None	
12	Receipt of equipment, materials, drugs, medical	None	
	writing, gifts or other services		
13	Other financial or non- financial interests	None	

No conflict of interest to be declared

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

Date:29/04/2022	
Your Name:Massimiliano Bassi	
Manuscript Title:_Expert consensus on indocyanine green fluorescen	ce imaging for thoracoscopic lung resection_
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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2	Grants or contracts from any entity (if not indicated in item #1 above).	Time frame: pastNone	36 months
3	Royalties or licenses	None	
4	Consulting fees	None	

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

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.

Date:	20.4.2022	
Your Name:	Wolfram Kareno	vics
Manuscript	Title: Expert consensu	is on indocyanine green fluorescence imaging for thoracoscopic lung
resection		
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
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	None	
	educational events		
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	
11	Stock or stock options	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non- financial interests	None	

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.

Date:19/April/2022
Your Name:_Yojiro Yutaka
Manuscript Title: Title: Expert consensus on indocyanine green fluorescence imaging for thoracoscopic lobectomy (The Version 2022)
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.

The following questions apply to the author's relationships/activities/interests as they relate to the <u>current</u> <u>manuscript only</u>.

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		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
		Time frame: Since the initial	planning of the work
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 Payment for expert	None	
	testimony		
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	
11	Stock or stock options	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non- financial interests	None	

I have no conflict of interest to declare.

Please place an "X" next to the following statement to indicate your agreement:

Date:April 19. 2022
Your Name: Yoshihisa Shimada
Manuscript Title: Expert Consensus on indocyanine green fluorescence imaging for thoracoscopic lobectomy
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	XNone	
4	Consulting fees	XNone	

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

None.

Please place an "X" next to the following statement to indicate your agreement:

Date:	_2022/4/19
Your Name:	Yukinori Sakao
Manuscript Title:	Expert consensus on indocyanine green fluorescence imaging for thoracoscopic lung resection
(The Version 2022)	
Manuscript number (i	if known):

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		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	XNone	
3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	XNone	
6	Payment for expert testimony	XNone	
7	Support for attending meetings and/or travel	XNone	
8	Patents planned, issued or pending	XNone	
9	Participation on a Data Safety Monitoring Board or Advisory Board	XNone	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	XNone	
11	Stock or stock options	XNone	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	XNone	
13	Other financial or non- financial interests	XNone	

None

Please place an "X" next to the following statement to indicate your agreement:

Date:	5 June 2022
Your Name:	SIHOE, Alan D. L.
Manuscript T	itle: Expert consensus on indocyanine green fluorescence imaging for thoracoscopic lung resection (The Version 2022)
Manuscript n	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
2	Grants or contracts from any entity (if not indicated in item #1 above).	<u>X</u> None	
3	Royalties or licenses	<u>X</u> None	
4	Consulting fees	Medela	Consultant, Drainology Board

5	5 Payment or honoraria for lectures, presentations,	Astra Zeneca	Speaker's honoraria
		Nestle	Speaker's honoraria
	speakers bureaus,	Medtronic	Speaker's honoraria
	manuscript writing or educational events		
6	Payment for expert	<u>X</u> None	
	testimony		
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or	<u>X</u> None	
	pending		
		N N	
9	Participation on a Data	<u>X</u> None	
	Safety Monitoring Board or Advisory Board		
10	,	Conjety of Thorasia	International Director
10	Leadership or fiduciary role in other board, society,	Society of Thoracic Surgeons	International Director
	committee or advocacy	Asian Society for Cardio-	Council Member
	group, paid or unpaid	Vascular & Thoracic	
		Surgery	
		Asia Thoracoscopic	Board Member
		Education Platform	
11	Stock or stock options	<u>X</u> None	
		N/	
12	Receipt of equipment,	<u>X</u> None	
	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or non-	X None	
10	financial interests		

Alan D. L. Sihoe reports consulting fees from Medela, Speaker's honoraria from Astra Zeneca, Nestle, and Medtronic; as a International Director in Society of Thoracic Surgeons, as a Council Member of Asian Society for Cardio- Vascular & Thoracic Surgery, as a Board Member of the Asia Thoracoscopic Education Platform.

Please place an "X" next to the following statement to indicate your agreement:

Date:	_2022/11/14	
Your Name:	Yi Zhang	
Manuscript Title:	_ Expert consensu	s on indocyanine green fluorescence imaging for thoracoscopic lung resection
(The Version 2022)		
Manuscript number (if known):	

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		Time frame: Since the initial	planning of the work
1	All support for the present	XNone	
	manuscript (e.g., funding,		
	provision of study materials,		
	medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
		Time frame: past	36 months
2	Grants or contracts from	XNone	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	XNone	
6	Payment for expert testimony	XNone	
7	Support for attending meetings and/or travel	XNone	
8	Patents planned, issued or pending	XNone	
9	Participation on a Data Safety Monitoring Board or Advisory Board	XNone	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	XNone	
11	Stock or stock options	XNone	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	XNone	
13	Other financial or non- financial interests	XNone	

None

Please place an "X" next to the following statement to indicate your agreement:

Date:	_2022/11/14
Your Name:	Zhenfa Zhang
Manuscript Title:	Expert consensus on indocyanine green fluorescence imaging for thoracoscopic lung resection
(The Version 2022)	
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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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.	XNone	
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	XNone	
3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	XNone	
6	Payment for expert testimony	XNone	
7	Support for attending meetings and/or travel	XNone	
8	Patents planned, issued or pending	XNone	
9	Participation on a Data Safety Monitoring Board or Advisory Board	XNone	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	XNone	
11	Stock or stock options	XNone	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	XNone	
13	Other financial or non- financial interests	XNone	

None

Please place an "X" next to the following statement to indicate your agreement:

Date:	_2022/11/14	
Your Name:	Jun Zhao	
Manuscript Title:	_ Expert consens	us on indocyanine green fluorescence imaging for thoracoscopic lung resection
(The Version 2022)		
Manuscript number (if known):	

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		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	XNone	
3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	XNone	
6	Payment for expert testimony	XNone	
7	Support for attending meetings and/or travel	XNone	
8	Patents planned, issued or pending	XNone	
9	Participation on a Data Safety Monitoring Board or Advisory Board	XNone	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	XNone	
11	Stock or stock options	XNone	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	XNone	
13	Other financial or non- financial interests	XNone	

None

Please place an "X" next to the following statement to indicate your agreement:

Date:	_2022/11/14	
Your Name:	Wenzhao Zhong	
Manuscript Title:	_ Expert consensus on i	ndocyanine green fluorescence imaging for thoracoscopic lung resection
(The Version 2022)		
Manuscript number (if known):	

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		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	XNone	
3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	XNone	
6	Payment for expert testimony	XNone	
7	Support for attending meetings and/or travel	XNone	
8	Patents planned, issued or pending	XNone	
9	Participation on a Data Safety Monitoring Board or Advisory Board	XNone	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	XNone	
11	Stock or stock options	XNone	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	XNone	
13	Other financial or non- financial interests	XNone	

None

Please place an "X" next to the following statement to indicate your agreement:

Date:	2022/11/14	
Your Name:	Yuming Zhu	
Manuscript Title:	Expert consensus on indocyanine green fluorescence imaging for thoracoscopic lung re	section
(The Version 2022)		
Manuscript number (known):	

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6	Payment for expert testimony	XNone	
7	Support for attending meetings and/or travel	XNone	
8	Patents planned, issued or pending	XNone	
9	Participation on a Data Safety Monitoring Board or Advisory Board	XNone	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	XNone	
11	Stock or stock options	XNone	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	XNone	
13	Other financial or non- financial interests	XNone	

None

Please place an "X" next to the following statement to indicate your agreement:

Date:	2022/11/14	_
Your Name:	Jianxing He	
Manuscript Title:	Expert consensus on indocyanine green fluorescence imaging for thoracoscopic lung resect	tion
(The Version 2022)		
Manuscript number (known):	

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	in item #1 above).		
3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

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

None

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