ICMJE DISCLOSURE FORM

Date: 2021. 9.6								
Your Name: Birgging Yue								
Manuscript Title: <u>Overview</u>	summary of the	current	challenges	in Theracic	Surgery	Lung	Transplant	Series
Manuscript number (if know	, , ,		d		4)	đ		-,

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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In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

	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)
		al planning of the work
1	X_None	
medical writing, article		
No time limit for this item.	1 St. 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
	Time frame: past	: 36 months
Grants or contracts from	x_None	
any entity (if not indicated in item #1 above).		
Royalties or licenses	<u></u> ⊀_None	
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Consulting fees	None	
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	Processing charges, etc.) No time limit for this item. Grants or contracts from any entity (if not indicated in item #1 above).	whom you have this relationship or indicate none (add rows as needed) Time frame: Since the inition of the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item. Time frame: past of the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.

5	Payment or honoraria for	X_None	
	lectures, presentations, speakers bureaus, manuscript writing or educational events		
6	Payment for expert testimony	X_None	
7	Support for attending meetings and/or travel	X_None	
8	Patents planned, issued or pending	X_None	
9	Participation on a Data	_X_None	
	Safety Monitoring Board or Advisory Board	The state of the s	Manager Andrews (April 2011) (April 2012) (April 2012)
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	XNone	
11	Stock or stock options	_X_None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other	X_None	
13	services Other financial or non- financial interests	_X_None	

Please summarize the above conflict of interest in the following box:

I	declare	that no	conflicts	of	interest	exisk.

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

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

ICMJE DISCLOSURE FORM

Date:	30-8	-2021
Dute.	30 0	2021

Your Name: Michael Kuan Yew HSIN

Manuscript Title: Overview Summary of the Current Challenges in Thoracic Surgery Lung Transplant Series.

Manuscript number (if known):

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		Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initial	Specifications/Comments (e.g., if payments were made to you or to your institution)
1	All account for the consequent	I	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,	_xNone				
	speakers bureaus, manuscript writing or educational events					
6	Payment for expert	_xNone				
	testimony					
7	Support for attending	x None				
,	meetings and/or travel					
8	Patents planned, issued or	_xNone				
	pending					
	Double of the control	Nana				
9	Participation on a Data Safety Monitoring Board or	_xNone				
	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,	x None				
	materials, drugs, medical					
	writing, gifts or other services					
13	Other financial or non-	_xNone				
	financial interests					
Plea	Please summarize the above conflict of interest in the following box:					
N	IA					
- 1						

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.

ICMJE DISCLOSURE FORM

Date: 2021.9.6
our Name: Dingfu (Men
Manuscript Title: Then new cummany of the current changes in Thomas Surgey Lung
Manuscript number (if known):
Transplant Series

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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		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 initia	al 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: pas	t 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,	None	
	speakers bureaus, manuscript writing or educational events		
6	Payment for expert testimony	_X_None	
7	Support for attending meetings and/or travel	→ None	
8	Patents planned, issued or pending	None	
9	Participation on a Data	X_None	
	Safety Monitoring Board or Advisory Board		2000 6 8 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5
10	Leadership or fiduciary role	X None	
	in other board, society,		
	committee or advocacy group, paid or unpaid		
11	Stock or stock options	✓None	
12	Receipt of equipment,	_X_None	Section 1995 A. B. Steine Commission (I. M. Section 1995) and the supplementary of the section o
	materials, drugs, medical writing, gifts or other services		
13	Other financial or non-	<u></u> X_None	
	financial interests		

Please summarize the above conflict of interest in the following box:

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