

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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

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Section 1. Identifying Information

1. Given Name (First Name) Feng	2. Surname (Last Name) Yao	3. Date 02-March-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Wentao Fang
5. Manuscript Title Annual report of Department of Thoracic Surgery at Shanghai Chest Hospital		
6. Manuscript Identifying Number (if you know it) SHC-2017-22		

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Dr. Yao has nothing to disclose.

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1. Given Name (First Name) Rui	2. Surname (Last Name) Wang	3. Date 02-March-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Wentao Fang
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1. Given Name (First Name) Xufeng	2. Surname (Last Name) Guo	3. Date 02-March-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Wentao Fang
5. Manuscript Title Annual report of Department of Thoracic Surgery at Shanghai Chest Hospital		
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Section 1. Identifying Information

1. Given Name (First Name)

Zhitao

2. Surname (Last Name)

Gu

3. Date

02-March-2018

4. Are you the corresponding author?

 Yes No

Corresponding Author's Name

Wentao Fang

5. Manuscript Title

Annual report of Department of Thoracic Surgery at Shanghai Chest Hospital

6. Manuscript Identifying Number (if you know it)

SHC-2017-22

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Section 1. Identifying Information

1. Given Name (First Name) Wenyong	2. Surname (Last Name) Zhou	3. Date 02-March-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Wentao Fang
5. Manuscript Title Annual report of Department of Thoracic Surgery at Shanghai Chest Hospital		
6. Manuscript Identifying Number (if you know it) SHC-2017-22		

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.)?

Are there any relevant conflicts of interest? Yes No

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Are there any relevant conflicts of interest? Yes No

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes No

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Dr. Zhou has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Bo	2. Surname (Last Name) Ye	3. Date 02-March-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Wentao Fang
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Dr. Ye has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Chenxi

2. Surname (Last Name)
Zhong

3. Date
02-March-2018

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Wentao Fang

5. Manuscript Title

Annual report of Department of Thoracic Surgery at Shanghai Chest Hospital

6. Manuscript Identifying Number (if you know it)

SHC-2017-22

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Heng	2. Surname (Last Name) Zhao	3. Date 02-March-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Wentao Fang
5. Manuscript Title Annual report of Department of Thoracic Surgery at Shanghai Chest Hospital		
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1. Given Name (First Name) Zhigang	2. Surname (Last Name) Li	3. Date 02-March-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Wentao Fang
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Alan

2. Surname (Last Name)

Sihoe

3. Date

02-March-2018

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Wentao Fang

5. Manuscript Title

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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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Royalties: Funds are coming in to you or your institution due to your patent

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Douglas Kyle	2. Surname (Last Name) Hogarth	3. Date 02-March-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Wentao Fang
5. Manuscript Title Annual report of Department of Thoracic Surgery at Shanghai Chest Hospital		
6. Manuscript Identifying Number (if you know it) SHC-2017-22		

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.)?

Are there any relevant conflicts of interest? Yes No

Section 3. Relevant financial activities outside the submitted work.

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Are there any relevant conflicts of interest? Yes No

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes No

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Dr. Hogarth has nothing to disclose.

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1. Identifying information.

2. The work under consideration for publication.

This section asks for information about the work that you have submitted for publication. The time frame for this reporting is that of the work itself, from the initial conception and planning to the present. The requested information is about resources that you received, either directly or indirectly (via your institution), to enable you to complete the work. Checking "No" means that you did the work without receiving any financial support from any third party -- that is, the work was supported by funds from the same institution that pays your salary and that institution did not receive third-party funds with which to pay you. If you or your institution received funds from a third party to support the work, such as a government granting agency, charitable foundation or commercial sponsor, check "Yes".

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Daniela	2. Surname (Last Name) Molena	3. Date 02-March-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Wentao Fang
5. Manuscript Title Annual report of Department of Thoracic Surgery at Shanghai Chest Hospital		
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Are there any relevant conflicts of interest? Yes No

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Section 1. Identifying Information

1. Given Name (First Name)
Wentao

2. Surname (Last Name)
Fang

3. Date
02-March-2018

4. Are you the corresponding author? Yes No

5. Manuscript Title
Annual report of Department of Thoracic Surgery at Shanghai Chest Hospital

6. Manuscript Identifying Number (if you know it)
SHC-2017-22

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