

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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Section 1. Identifying Information

1. Given Name (First Name)

Amr

2. Surname (Last Name)

Abdellateef

3. Date

17-June-2018

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Lei Jiang

5. Manuscript Title

Subxiphoid uniportal video assisted thoracoscopic surgery lobectomy, evolution of the technique and progress of learning curve

6. Manuscript Identifying Number (if you know it)

SHC-2018-SAVL-01

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Dr. Abdellateef has nothing to disclose.

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1. Given Name (First Name) Chenlu	2. Surname (Last Name) Yang	3. Date 17-June-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Lei Jiang
5. Manuscript Title Subxiphoid uniportal video assisted thoracoscopic surgery lobectomy, evolution of the technique and progress of learning curve		
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Jian

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Chen

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17-June-2018

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Corresponding Author's Name

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Section 1. Identifying Information

1. Given Name (First Name)
Lei

2. Surname (Last Name)
Jiang

3. Date
17-June-2018

4. Are you the corresponding author? Yes No

5. Manuscript Title
Subxiphoid uniportal video assisted thoracoscopic surgery lobectomy, evolution of the technique and progress of learning curve

6. Manuscript Identifying Number (if you know it)
SHC-2018-SAVL-01

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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Dr. Jiang has nothing to disclose.

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