

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) Yiyang	2. Surname (Last Name) Wang	3. Date 12-December-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Wentao Fang
5. Manuscript Title 2018 annual report of thoracic surgery service at Shanghai Chest Hospital		
6. Manuscript Identifying Number (if you know it) SHC-2019-25		

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Dr. Wang has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Jizhuang	2. Surname (Last Name) Luo	3. Date 12-December-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Wentao Fang
5. Manuscript Title 2018 annual report of thoracic surgery service at Shanghai Chest Hospital		
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1. Given Name (First Name) Yu	2. Surname (Last Name) Yang	3. Date 12-December-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Wentao Fang
5. Manuscript Title 2018 annual report of thoracic surgery service at Shanghai Chest Hospital		
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1. Given Name (First Name) Xinghua	2. Surname (Last Name) Cheng	3. Date 12-December-2019
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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Section 1. Identifying Information

1. Given Name (First Name) Feng	2. Surname (Last Name) Yao	3. Date 12-December-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Wentao Fang
5. Manuscript Title 2018 annual report of thoracic surgery service at Shanghai Chest Hospital		
6. Manuscript Identifying Number (if you know it) SHC-2019-25		

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

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 5. Relationships not covered above

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Section 6. Disclosure Statement

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Dr. Yao 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) Zhitao	2. Surname (Last Name) Gu	3. Date 12-December-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Wentao Fang
5. Manuscript Title 2018 annual report of thoracic surgery service at Shanghai Chest Hospital		
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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

ICMJE Form for Disclosure of Potential Conflicts of Interest

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Dr. Gu 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) Yifeng	2. Surname (Last Name) Sun	3. Date 12-December-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Wentao Fang
5. Manuscript Title 2018 annual report of thoracic surgery service at Shanghai Chest Hospital		
6. Manuscript Identifying Number (if you know it) SHC-2019-25		

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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

ICMJE Form for Disclosure of Potential Conflicts of Interest

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Dr. Sun has nothing to disclose.

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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) Qingqian	2. Surname (Last Name) Luo	3. Date 12-December-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Wentao Fang
5. Manuscript Title 2018 annual report of thoracic surgery service at Shanghai Chest Hospital		
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Section 4. Intellectual Property -- Patents & Copyrights

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Dr. Luo 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) Zhigang	2. Surname (Last Name) Li	3. Date 12-December-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Wentao Fang
5. Manuscript Title 2018 annual report of thoracic surgery service at Shanghai Chest Hospital		
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Dr. Li 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) Jun	2. Surname (Last Name) Yang	3. Date 12-December-2019
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. Yang has nothing to disclose.

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4. Intellectual Property.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Teng	2. Surname (Last Name) Mao	3. Date 12-December-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Wentao Fang
5. Manuscript Title 2018 annual report of thoracic surgery service at Shanghai Chest Hospital		
6. Manuscript Identifying Number (if you know it) SHC-2019-25		

Section 2. The Work Under Consideration for Publication

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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

ICMJE Form for Disclosure of Potential Conflicts of Interest

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Dr. Mao 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) Shijie	2. Surname (Last Name) Fu	3. Date 12-December-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Wentao Fang
5. Manuscript Title 2018 annual report of thoracic surgery service at Shanghai Chest Hospital		
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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Rui	2. Surname (Last Name) Wang	3. Date 12-December-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Wentao Fang
5. Manuscript Title 2018 annual report of thoracic surgery service at Shanghai Chest Hospital		
6. Manuscript Identifying Number (if you know it) SHC-2019-25		

Section 2. The Work Under Consideration for Publication

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ICMJE Form for Disclosure of Potential Conflicts of Interest

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1. Given Name (First Name) Jie	2. Surname (Last Name) Zhang	3. Date 12-December-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Wentao Fang
5. Manuscript Title 2018 annual report of thoracic surgery service at Shanghai Chest Hospital		
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ICMJJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Yongchun	2. Surname (Last Name) Yu	3. Date 12-December-2019
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. Yu has nothing to disclose.

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Report all sources of revenue paid (or promised to be paid) directly to you or your institution on your behalf over the 36 months prior to submission of the work. This should include all monies from sources with relevance to the submitted work, not just monies from the entity that sponsored the research. Please note that your interactions with the work's sponsor that are outside the submitted work should also be listed here. If there is any question, it is usually better to disclose a relationship than not to do so.

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Personal Fees: Monies paid to you for services rendered, generally honoraria, royalties, or fees for consulting, lectures, speakers bureaus, expert testimony, employment, or other affiliations

Non-Financial Support: Examples include drugs/equipment supplied by the entity, travel paid by the entity, writing assistance, administrative support, etc.

Other: Anything not covered under the previous three boxes

Pending: The patent has been filed but not issued

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

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1. Given Name (First Name) Changqing	2. Surname (Last Name) Pan	3. Date 12-December-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Wentao Fang
5. Manuscript Title 2018 annual report of thoracic surgery service at Shanghai Chest Hospital		
6. Manuscript Identifying Number (if you know it) SHC-2019-25		

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Section 1. Identifying Information

1. Given Name (First Name)
Wentao

2. Surname (Last Name)
Fang

3. Date
12-December-2019

4. Are you the corresponding author? Yes No

5. Manuscript Title
2018 annual report of thoracic surgery service at Shanghai Chest Hospital

6. Manuscript Identifying Number (if you know it)
SHC-2019-25

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