

ICMJE DISCLOSURE FORM

Date: 2021-10-09
 Your Name: Shixin Zhang
 Manuscript Title: Reverse-direction video-assisted thoracoscopic surgery left upper lobectomy via interlobar fissure: a case report
 Manuscript number (if known): SHC-21-15

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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 educational events	None	
6	Payment for expert testimony	None	
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13	Other financial or non-financial interests	None	

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

Dr. Zhang has nothing to disclose.

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

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ICMJE DISCLOSURE FORM

Date: 2021-10-09

Your Name: Xi Liu

Manuscript Title: Reverse-direction video-assisted thoracoscopic surgery left upper lobectomy via interlobar fissure: a case report

Manuscript number (if known): SHC-21-15

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ICMJE DISCLOSURE FORM

Date: 2021-10-09
 Your Name: Jie Liu
 Manuscript Title: Reverse-direction video-assisted thoracoscopic surgery left upper lobectomy via interlobar fissure: a case report
 Manuscript number (if known): SHC-21-15

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ICMJE DISCLOSURE FORM

Date: 2021-10-09
 Your Name: Shuai Liu
 Manuscript Title: Reverse-direction video-assisted thoracoscopic surgery left upper lobectomy via interlobar fissure: a case report
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ICMJE DISCLOSURE FORM

Date: 2021-10-09
 Your Name: Wei Wu
 Manuscript Title: Reverse-direction video-assisted thoracoscopic surgery left upper lobectomy via interlobar fissure: a case report
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Date: 2021-10-09

Your Name: Haidong Wang

Manuscript Title: Reverse-direction video-assisted thoracoscopic surgery left upper lobectomy via interlobar fissure: a case report

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