

ICMJE DISCLOSURE FORM

Date: 8/8/2021
 Your Name: Yuhui Jiang
 Manuscript Title: Uniportal video-assisted thoracoscopic decortication in the treatment of stage III tuberculous empyema: a case report
 Manuscript number (if known): SHC-21-13

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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)
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Time frame: past 36 months			
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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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8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	
11	Stock or stock options	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non-financial interests	None	

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This manuscript is a summary and sharing of clinical experience, and the authors have no conflicts of interests to declare.

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

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Date: 8/8/2021
 Your Name: Xiyong Dai
 Manuscript Title: Uniportal video-assisted thoracoscopic decortication in the treatment of stage III tuberculous empyema: a case report
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