

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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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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4. Intellectual Property.

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

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Wei	2. Surname (Last Name) Guo	3. Date 24-November-2016
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Hecheng Li
5. Manuscript Title Video-assisted thoracic surgery for esophagectomy: evolution and prosperity		
6. Manuscript Identifying Number (if you know it)		

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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

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Section 6. Disclosure Statement

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Dr. Guo has nothing to disclose.

Evaluation and Feedback

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Section 1. Identifying Information

1. Given Name (First Name) Jie	2. Surname (Last Name) Xiang	3. Date 24-November-2016
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Hecheng Li
5. Manuscript Title Video-assisted thoracic surgery for esophagectomy: evolution and prosperity		
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Dr. Xiang has nothing to disclose.

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1. Given Name (First Name) Su	2. Surname (Last Name) Yang	3. Date 24-November-2016
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Hecheng Li
5. Manuscript Title Video-assisted thoracic surgery for esophagectomy: evolution and prosperity		
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Section 1. Identifying Information

1. Given Name (First Name)
Hecheng

2. Surname (Last Name)
Li

3. Date
24-November-2016

4. Are you the corresponding author? Yes No

5. Manuscript Title
Video-assisted thoracic surgery for esophagectomy: evolution and prosperity

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