

Instructions

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Section 1. Identifying In	formation	
1. Given Name (First Name) Jiandong	2. Surname (Last Name) Mei	3. Date 23-November-2017
4. Are you the corresponding author?	Yes 🖌 No	Corresponding Author's Name Lunxu Liu
5. Manuscript Title Video-assisted thoracic surgery do	uble sleeve lobectomy for nc	n- small cell lung cancer: a report of seven cases
6. Manuscript Identifying Number (if y VATS-17-132	/ou know it)	
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✓ No

Are there any relevant conflicts of interest?		Yes	\checkmark	No
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Dr. Mei has nothing to disclose.

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Yes

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Dr. Zhu 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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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 Issued: The patent has been issued by the agency Licensed: The patent has been licensed to an entity, whether earning royalties or not Royalties: Funds are coming in to you or your institution due to your



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1. Given Name (Fir Hu	st Name)	2. Surname Liao	e (Last Name)		3. Date 23-November-2017
4. Are you the corr	esponding author?	Yes	🖌 No	Corresponding Author's N Lunxu Liu	ame
5. Manuscript Title Video-assisted th		e sleeve lobec	tomy for nor	- small cell lung cancer: a r	report of seven cases
6. Manuscript Ider VATS-17-132	itifying Number (if you	know it)			
Section 2.	The Work Under	Consideratio	on for Publi	cation	
Did you or your ins	titution at any time rec	eive payment o	or services fron	n a third party (government, c	ommercial, private foundation, etc.) for

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.)?

√ No

Are there any relevant conflicts of interest?		Yes	
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		•	



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1. Given Name (First Name) Lunxu	2. Surname (Last Name) Liu	3. Date 23-November-2017
4. Are you the corresponding author?	✓ Yes No	
5. Manuscript Title Video-assisted thoracic surgery doubl	e sleeve lobectomy for non- small cell lu	ing cancer: a report of seven cases
6. Manuscript Identifying Number (if you VATS-17-132	know it)	
Section 2. The Work Under	Consideration for Publication	
		(government, commercial, private foundation, etc.) for 9 board, study design, manuscript preparation,
Are there any relevant conflicts of inte	rest? Yes 🖌 No	

Section 3. Relevant financial activities outside the submitted work.

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Are there any relevant conflicts of interest? Ye	s 🗸	No
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Do you have any patents, whether planned, pending or issued, broadly relevant to the work?		Yes	✓ N	٩٥
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