

ICMJE DISCLOSURE FORM

Date: 31/12/2022

Your Name: Chang Tsz Ching

Manuscript Title: Lung nodule localization techniques in minimally invasive and video-assisted thoracoscopic surgery

Manuscript number (if known): _____

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

The following questions apply to the author's relationships/activities/interests as they relate to the current manuscript only.

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In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

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1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	___ None	
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	
7	Support for attending meetings and/or travel	___ None	
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	
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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	___ None	
13	Other financial or non-financial interests	___ None	

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

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

ICMJE DISCLOSURE FORM

Date: 31/12/2022

Your Name: Chan Wing Yan Joyce

Manuscript Title: Lung nodule localization techniques in minimally invasive and video-assisted thoracoscopic surgery

Manuscript number (if known): _____

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ICMJE DISCLOSURE FORM

Date: 31/12/2022

Your Name: Siu Chi Hin Ivan

Manuscript Title: Lung nodule localization techniques in minimally invasive and video-assisted thoracoscopic surgery

Manuscript number (if known): _____

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ICMJE DISCLOSURE FORM

Date: 31/12/2022

Your Name: Peter Sze Yuen Yu

Manuscript Title: Lung nodule localization techniques in minimally invasive and video-assisted thoracoscopic surgery

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ICMJE DISCLOSURE FORM

Date: 31/12/2022

Your Name: Kevin Lim

Manuscript Title: Lung nodule localization techniques in minimally invasive and video-assisted thoracoscopic surgery

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Date: 31/12/2022

Your Name: Innes Yuk Pui Wan

Manuscript Title: Lung nodule localization techniques in minimally invasive and video-assisted thoracoscopic surgery

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Date: 31/12/2022

Your Name: Rainbow Lau Wing Hung

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4	Consulting fees	Medtronic, USA; Siemens Healthineer	
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3	Royalties or licenses	___ None	

4	Consulting fees	Johnson and Johnson; Medtronic, USA; Siemens Healthineer	
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