

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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Section 1. Identifying Information

1. Given Name (First Name) Yanxia	2. Surname (Last Name) Hu	3. Date 17-December-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 Postoperative management of robotic-assisted thoracic surgery		
6. Manuscript Identifying Number (if you know it)		

Section 2. The Work Under Consideration for Publication

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Dr. Hu has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Jiajie	2. Surname (Last Name) Pu	3. Date 17-December-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 Postoperative management of robotic-assisted thoracic surgery		
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Dr. Pu has nothing to disclose.

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1. Given Name (First Name) Beiwen	2. Surname (Last Name) Wu	3. Date 17-December-2016
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Hecheng Li
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1. Given Name (First Name) Xingshi	2. Surname (Last Name) Chen	3. Date 17-December-2016
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Hecheng Li
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Hecheng

2. Surname (Last Name)
Li

3. Date
17-December-2016

4. Are you the corresponding author? Yes No

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