

Instructions

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Section 1. Identifying Info	ormation	
1. Given Name (First Name) Runsen	2. Surname (Last Name) Jin	3. Date 19-December-2016
4. Are you the corresponding author?	Yes 🖌 No	Corresponding Author's Name Hecheng Li
5. Manuscript Title Robotic thoracic surgery: left inferio	r lobectomy	

6. Manuscript Identifying Number (if you know it)

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🖌 No

Are there any relevant conflicts of interest?	'	Yes
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Do you have any patents, whether planned, pending or issued, broadly relevant to the work?	Ye	s 🗸 N	0
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Dr. Jin has nothing to disclose.

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 Given Name (Fin Su Are you the corn 	rst Name) responding author?	2. Surname (Last Nan Yang │ Yes ✔ No	Corresponding Author's	3. Date 19-December-2016 s Name
5. Manuscript Title Robotic thoracic	e surgery: left inferior lo	bectomy	Hecheng Li	

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1. Given Name (First Name) Wei	2. Surname (Last Name) Guo	3. Date 19-December-2016
4. Are you the corresponding author?	Yes 🖌 No	Corresponding Author's Name Hecheng Li
5. Manuscript Title Robotic thoracic surgery: left inferior	lobectomy	

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Are there any relevant conflicts of interest?	Yes	
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Dr. Guo has nothing to disclose.

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1. Given Name (Fir Yajie	st Name)	2. Surname (Last Name) Zhang	3. Date 19-Decemb	per-2016
4. Are you the corresponding author?		Yes 🖌 No	Corresponding Author's Name Hecheng Li	
5. Manuscript Title Robotic thoracic	surgery: left inferior lo	bectomy		

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Dr. Wu has nothing to disclose.

Evaluation and Feedback



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Section 1. Identifying Info	rmation	
1. Given Name (First Name) Hailei	2. Surname (Last Name) Du	3. Date 19-December-2016
4. Are you the corresponding author?	Yes 🖌 No	Corresponding Author's Name Hecheng Li
5. Manuscript Title Robotic thoracic surgery: left inferior	lobectomy	

6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

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🖌 No

Are there any relevant conflicts of interest?		Yes
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Section 3. Relevant financial activities outside the submitted work.

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Are there any relevant conflicts of interest?	Yes	\checkmark	No

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?	Yes	🖌 No	
		•	



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Dr. Du has nothing to disclose.

Evaluation and Feedback



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Section 1. Identifying Inf	ormation	
1. Given Name (First Name) Dingpei	2. Surname (Last Name) Han	3. Date 19-December-2016
4. Are you the corresponding author?	Yes 🖌 No	Corresponding Author's Name Hecheng Li
5. Manuscript Title Robotic thoracic surgery: left inferio	or lobectomy	

6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

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🖌 No

Are there any relevant conflicts of interest?		Yes	
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Section 3. Relevant financial activities outside the submitted work.

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Are there any relevant conflicts of interest?	Yes	\checkmark	No
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Do you have any patents, whether planned, pending or issued, broadly relevant to the work?	Yes	🖌 No	
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Dr. Han has nothing to disclose.

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Section 1.	Identifying Inforn	nation		
1. Given Name (Fir Kai	st Name)	2. Surname (Last Name) Chen		3. Date 19-December-2016
4. Are you the corr	esponding author?	Yes 🖌 No	Corresponding Author's Nam Hecheng Li	ne
5. Manuscript Title Robotic thoracic	surgery: left inferior lo	bectomy		

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Are there any relevant conflicts of interest?		Yes	
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Are there any relevant conflicts of interest?	Yes	\checkmark	No
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Do you have any patents, whether planned, pending or issued, broadly relevant to the work?		Yes	\checkmark	No
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1. Given Name (First Name) Jie	2. Surname (Last Name) Xiang	3. Date 19-December-2016
4. Are you the corresponding author?	Yes 🖌 No	Corresponding Author's Name Hecheng Li
5. Manuscript Title Robotic thoracic surgery: left inferio	r lobectomy	

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5. Manuscript Title Robotic thoracic	e surgery: left inferior	obectomy	

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Dr. Li has nothing to disclose.

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