

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Instructions

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#### 1. Identifying information.

#### 2. The work under consideration for publication.

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.

#### 5. Relationships not covered above.

Use this section to report other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

|   |   |   |
|---|---|---|
| 1. Given Name (First Name)<br>Jie   | 2. Surname (Last Name)<br>Xiang                                     | 3. Date<br>17-December-2016               |
| 4. Are you the corresponding author?  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Corresponding Author's Name<br>Hecheng Li |
| 5. Manuscript Title<br>Robotic-assisted thoracoscopic surgery: left upper lobectomy |   |   |
| 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

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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. Xiang has nothing to disclose.

### Evaluation and Feedback

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|   |   |   |
|---|---|---|
| 1. Given Name (First Name)<br>Su  | 2. Surname (Last Name)<br>Yang                                      | 3. Date<br>17-December-2016               |
| 4. Are you the corresponding author?  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Corresponding Author's Name<br>Hecheng Li |
| 5. Manuscript Title<br>Robotic-assisted thoracoscopic surgery: left upper lobectomy |   |   |
| 6. Manuscript Identifying Number (if you know it)                                   |   |   |

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Dr. Yang has nothing to disclose.

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|   |   |   |
|---|---|---|
| 1. Given Name (First Name)<br>Wei   | 2. Surname (Last Name)<br>Guo                                       | 3. Date<br>17-December-2016               |
| 4. Are you the corresponding author?  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Corresponding Author's Name<br>Hecheng Li |
| 5. Manuscript Title<br>Robotic-assisted thoracoscopic surgery: left upper lobectomy |   |   |
| 6. Manuscript Identifying Number (if you know it)                                   |   |   |

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Dr. Guo has nothing to disclose.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
Runsen

2. Surname (Last Name)  
Jin

3. Date  
17-December-2016

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name  
Hecheng Li

5. Manuscript Title  
Robotic-assisted thoracoscopic surgery: left upper lobectomy

6. Manuscript Identifying Number (if you know it)

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Dr. Jin has nothing to disclose.

### Evaluation and Feedback

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|   |   |   |
|---|---|---|
| 1. Given Name (First Name)<br>Yajie   | 2. Surname (Last Name)<br>Zhang                                     | 3. Date<br>17-December-2016               |
| 4. Are you the corresponding author?  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Corresponding Author's Name<br>Hecheng Li |
| 5. Manuscript Title<br>Robotic-assisted thoracoscopic surgery: left upper lobectomy |   |   |
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This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

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**Royalties:** Funds are coming in to you or your institution due to your patent



## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

|   |   |   |
|---|---|---|
| 1. Given Name (First Name)<br>Xingshi   | 2. Surname (Last Name)<br>Chen                                      | 3. Date<br>17-December-2016               |
| 4. Are you the corresponding author?  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Corresponding Author's Name<br>Hecheng Li |
| 5. Manuscript Title<br>Robotic-assisted thoracoscopic surgery: left upper lobectomy |   |   |
| 6. Manuscript Identifying Number (if you know it)                                   |   |   |

### Section 2. The Work Under Consideration for Publication

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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

## ICMJE Form for Disclosure of Potential Conflicts of Interest

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Dr. Chen has nothing to disclose.

### Evaluation and Feedback

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)

Han

2. Surname (Last Name)

Wu

3. Date

17-December-2016

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name

Hecheng Li

5. Manuscript Title

Robotic-assisted thoracoscopic surgery: left upper lobectomy

6. Manuscript Identifying Number (if you know it)

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

|   |   |   |
|---|---|---|
| 1. Given Name (First Name)<br>Hailei  | 2. Surname (Last Name)<br>Du  | 3. Date<br>17-December-2016               |
| 4. Are you the corresponding author?  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Corresponding Author's Name<br>Hecheng Li |
| 5. Manuscript Title<br>Robotic-assisted thoracoscopic surgery: left upper lobectomy |   |   |
| 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

## ICMJE Form for Disclosure of Potential Conflicts of Interest

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Dr. Du has nothing to disclose.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

|   |   |   |
|---|---|---|
| 1. Given Name (First Name)<br>Dingpei   | 2. Surname (Last Name)<br>Han                                       | 3. Date<br>17-December-2016               |
| 4. Are you the corresponding author?  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Corresponding Author's Name<br>Hecheng Li |
| 5. Manuscript Title<br>Robotic-assisted thoracoscopic surgery: left upper lobectomy |   |   |
| 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

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Dr. Han has nothing to disclose.

### Evaluation and Feedback

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

|   |   |   |
|---|---|---|
| 1. Given Name (First Name)<br>Kai   | 2. Surname (Last Name)<br>Chen                                      | 3. Date<br>17-December-2016               |
| 4. Are you the corresponding author?  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Corresponding Author's Name<br>Hecheng Li |
| 5. Manuscript Title<br>Robotic-assisted thoracoscopic surgery: left upper lobectomy |   |   |
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**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 patent

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
Hecheng

2. Surname (Last Name)  
Li

3. Date  
17-December-2016

4. Are you the corresponding author?  Yes  No

5. Manuscript Title  
Robotic-assisted thoracoscopic surgery: left upper lobectomy

6. Manuscript Identifying Number (if you know it)

### Section 2. The Work Under Consideration for Publication

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.)?

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Dr. Li has nothing to disclose.

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