

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Instructions

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

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

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### Section 1. Identifying Information

1. Given Name (First Name) Yi-Ming	2. Surname (Last Name) Zhou	3. Date 01-June-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Sen Jiang
5. Manuscript Title Application of preoperative embolization during surgery for the destroyed lung		
6. Manuscript Identifying Number (if you know it) AMP-19-195		

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### Section 1. Identifying Information

1. Given Name (First Name) Nan	2. Surname (Last Name) Song	3. Date 01-June-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Sen Jiang
5. Manuscript Title Application of preoperative embolization during surgery for the destroyed lung		
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1. Given Name (First Name) Lei	2. Surname (Last Name) Lin	3. Date 01-June-2020
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5. Manuscript Title Application of preoperative embolization during surgery for the destroyed lung		
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### Section 1. Identifying Information

1. Given Name (First Name)  
Ge-Ning

2. Surname (Last Name)  
Jiang

3. Date  
01-June-2020

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name  
Sen Jiang

5. Manuscript Title  
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