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Section 1. Identifying Information

1. Given Name (First Name)  Bin
2. Surname (Last Name)  Cai
3. Date  10-April-2020
4. Are you the corresponding author?  Yes  No
   ✔
   Corresponding Author’s Name  Wei-Guang Long
5. Manuscript Title
   Povidone-iodine chemical pleurodesis in treating spontaneous chylothorax in pediatric patients
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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Section 1. Identifying Information

1. Given Name (First Name) Yang
2. Surname (Last Name) Liu
3. Date 10-April-2020
4. Are you the corresponding author? ☑ No
   Corresponding Author’s Name
   Wei-Guang Long
5. Manuscript Title
   Povidone-iodine chemical pleurodesis in treating spontaneous chylothorax in pediatric patients
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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. Liu has nothing to disclose.

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<td>1. Given Name (First Name)</td>
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<td>Wen-Jie</td>
<td>Wang</td>
<td>10-April-2020</td>
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<td>4. Are you the corresponding author?</td>
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### ICMJE Form for Disclosure of Potential Conflicts of Interest

#### Section 1. Identifying Information

1. **Given Name (First Name)**
   - Wen-Jie

2. **Surname (Last Name)**
   - Wang

3. **Date**
   - 10-April-2020

4. **Are you the corresponding author?**
   - [ ] Yes  ✔ No
   - **Corresponding Author’s Name**
   - Wei-Guang Long

5. **Manuscript Title**
   - Povidone-iodine chemical pleurodesis in treating spontaneous chylothorax in pediatric patients

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