ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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<tr>
<td>Chen</td>
<td>Xie</td>
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4. Are you the corresponding author? [ ] Yes [✓] No

Corresponding Author’s Name: Min Yan

5. Manuscript Title
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6. Manuscript Identifying Number (if you know it)
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   Na  
2. Surname (Last Name)  
   Sun  
3. Date  
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4. Are you the corresponding author?  
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   Corresponding Author’s Name  
   Min Yan  
5. Manuscript Title  
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1. Given Name (First Name) Yue
2. Surname (Last Name) Ming
3. Date 02-April-2020

4. Are you the corresponding author? ☒ No

Corresponding Author’s Name
Min Yan

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   Yueyang

2. Surname (Last Name)
   You

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1. Given Name (First Name)  
   Lina

2. Surname (Last Name)  
   Yu

3. Date  
   02-April-2020

4. Are you the corresponding author?  
   ✔ No

   Corresponding Author’s Name  
   Min Yan

5. Manuscript Title  
   Lung Ultrasound and Diaphragmatic Excursion Assessment for Evaluating Perioperative Atelectasis and aeration loss during Video Assisted Thoracic Surgery: A Feasibility Study

6. Manuscript Identifying Number (if you know it)  
   APM-19-595B

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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.)?  
Are there any relevant conflicts of interest?  
   ✔ No

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Dr. Yu has nothing to disclose.

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<table>
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<tr>
<th>1. Given Name (First Name)</th>
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<td>Jiapeng</td>
<td>Huang</td>
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Min

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Yan

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