

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

The purpose of this form is to provide readers of your manuscript with information about your other interests that could influence how they receive and understand your work. The form is designed to be completed electronically and stored electronically. It contains programming that allows appropriate data display. Each author should submit a separate form and is responsible for the accuracy and completeness of the submitted information. The form is in six parts.

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2. The work under consideration for publication.

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4. Intellectual Property.

This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

Yasuo

2. Surname (Last Name)

Sekine

3. Date

06-December-2019

4. Are you the corresponding author?

Yes No

5. Manuscript Title

The new technology of precise anatomical sublobar resection by using 3D medical image analyzer and a fluorescence guided surgery with transbronchial injection of indocyanine green

6. Manuscript Identifying Number (if you know it)

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Dr. Sekine has nothing to disclose.

Evaluation and Feedback

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Section 1. Identifying Information

1. Given Name (First Name)
Eitetsu

2. Surname (Last Name)
Koh

3. Date
06-December-2019

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Yasuo Sekine

5. Manuscript Title

The new technology of precise anatomical sublobar resection by using 3D medical image analyzer and a fluorescence guided surgery with transbronchial injection of indocyanine green

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Dr. Koh has nothing to disclose.

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Hodaka

2. Surname (Last Name)
Oheda

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06-December-2019

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Yes No

Corresponding Author's Name
Yasuo Sekine

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Hidehisa

2. Surname (Last Name)
Hoshino

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