ICMJE Form for Disclosure of Potential Conflicts of Interest

**Instructions**

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1. **Identifying information.**
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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Section 1. Identifying Information

1. Given Name (First Name)  
   Hui-Jiang

2. Surname (Last Name)  
   Gao

3. Date  
   21-September-2020

4. Are you the corresponding author?  
   Yes  ✔  No

   Corresponding Author's Name  
   Yu-Cheng Wei

5. Manuscript Title  
   Autogenous pericardial angioplasty for thymic malignancies

6. Manuscript Identifying Number (if you know it)  
   MED-20-57-CL

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Are there any relevant conflicts of interest?  
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Dr. Gao has nothing to disclose.

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**Section 1. Identifying Information**

1. Given Name (First Name)  Guo-Dong
2. Surname (Last Name)  Shi
3. Date  21-September-2020
4. Are you the corresponding author?  Yes  No
5. Manuscript Title  Autogenous pericardial angioplasty for thymic malignancies
6. Manuscript Identifying Number (if you know it)  MED-20-57-CL

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Dr. Shi has nothing to disclose.

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<table>
<thead>
<tr>
<th>1. Given Name (First Name)</th>
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<th>3. Date</th>
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</thead>
<tbody>
<tr>
<td>Mao-Jie</td>
<td>Pan</td>
<td>21-September-2020</td>
</tr>
</tbody>
</table>

4. Are you the corresponding author?  
   - [ ] Yes  
   - [x] No  

   Corresponding Author’s Name  
   Yu-Cheng Wei

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Dr. Pan has nothing to disclose.

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Liu
ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
   Xiao-Tong

2. Surname (Last Name)  
   Liu

3. Date  
   21-September-2020

4. Are you the corresponding author?  
   ☑ No

   Corresponding Author’s Name  
   Yu-Cheng Wei

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1. Given Name (First Name)  
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2. Surname (Last Name)  
   Wei

3. Date  
   21-September-2020

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   ✔ Yes  
   ☐ No

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