ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
   Zhe

2. Surname (Last Name)  
   Piao

3. Date  
   18-March-2020

4. Are you the corresponding author?  
   ☑ Yes  ❌ No  
   Corresponding Author’s Name  
   Min-Woong Kang

5. Manuscript Title  
   Feasibility of Electromagnetic Navigation Bronchoscopy-Guided Lung Resection for Pulmonary Ground-Glass Opacity Nodules

6. Manuscript Identifying Number (if you know it)  
   JTD-19-4059

Section 2. The Work Under Consideration for Publication

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Dr. Piao has nothing to disclose.

Evaluation and Feedback

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Section 1. Identifying Information

1. Given Name (First Name)  
   Sung Joon

2. Surname (Last Name)  
   Han

3. Date  
   18-March-2020

4. Are you the corresponding author?  
   Yes  ✔ No

   Corresponding Author’s Name  
   Min-Woong Kang

5. Manuscript Title  
   Feasibility of Electromagnetic Navigation Bronchoscopy-Guided Lung Resection for Pulmonary Ground-Glass Opacity Nodules

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Section 6. Disclosure Statement

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Dr. Han has nothing to disclose.

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## Section 1. Identifying Information

1. **Given Name (First Name)**
   - Hyun Jin

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

3. **Date**
   - 18-March-2020

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

   **Corresponding Author's Name**
   - Min-Woong Kang

5. **Manuscript Title**
   - Feasibility of Electromagnetic Navigation Bronchoscopy-Guided Lung Resection for Pulmonary Ground-Glass Opacity Nodules

6. **Manuscript Identifying Number (if you know it)**
   - JTD-19-4059

## Section 2. The Work Under Consideration for Publication

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1. Given Name (First Name)  Min-Woong
2. Surname (Last Name)  Kang
3. Date  18-March-2020
4. Are you the corresponding author?  Yes  No

5. Manuscript Title
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