ICMJE DISCLOSURE FORM

Date: __2021-07-09__________________________

Your Name: __Junxiang Chen__________________________

Manuscript Title: __Mobile 3D C-arm system-assisted transbronchial biopsy and ablation for ground-glass opacity pulmonary nodules__________________________

Manuscript number (if known): __TLCR-21-561__________________________

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. “Related” means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

The following questions apply to the author’s relationships/activities/interests as they relate to the current manuscript only.

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In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

|   | Name all entities with whom you have this relationship or indicate none (add rows as needed) | Specifications/Comments (e.g., if payments were made to you or to your institution) |
|---|----------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|
| **Time frame: Since the initial planning of the work** | | |
| 1 | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) | _X_ None |
|   | **No time limit for this item.** | |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | _X_ None |
| 3 | Royalties or licenses | _X_ None |
| 4 | Consulting fees | _X_ None |

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| 3 | Royalties or licenses | _X_ None |
| 4 | Consulting fees | _X_ None |
|   |   |   |
|---|---|---|
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | X | None |
| 6 | Payment for expert testimony | X | None |
| 7 | Support for attending meetings and/or travel | X | None |
| 8 | Patents planned, issued or pending | X | None |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | X | None |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | X | None |
| 11 | Stock or stock options | X | None |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | X | None |
| 13 | Other financial or non-financial interests | X | None |

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_ X _ I certify that I have answered every question and have not altered the wording of any of the questions on this form.
ICMJE DISCLOSURE FORM

Date: __2021-07-09__________________________________________
Your Name: __Fangfang Xie__________________________________
Manuscript Title: __Mobile 3D C-arm system-assisted transbronchial biopsy and ablation for ground-glass opacity pulmonary nodules__________________________________________
Manuscript number (if known): __TLCR-21-561__________________________________________

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| Time frame: past 36 months |
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| 3 | Royalties or licenses | _X_ None |
| 4 | Consulting fees | _X_ None |
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|---|---|---|
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | X None |
| 6 | Payment for expert testimony | X None |
| 7 | Support for attending meetings and/or travel | X None |
| 8 | Patents planned, issued or pending | X None |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | X None |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | X None |
| 11 | Stock or stock options | X None |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | X None |
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ICMJE DISCLOSURE FORM

Date: __2021-07-09___________________________________________

Your Name: __Xiaoxuan Zheng________________________________

Manuscript Title: __Mobile 3D C-arm system-assisted transbronchial biopsy and ablation for ground-glass opacity pulmonary nodules____________________________________

Manuscript number (if known): __TLCR-21-561________________________________

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| #  | Relationship Type                                                                 | Name all entities with whom you have this relationship or indicate none (add rows as needed) | Specifications/Comments (e.g., if payments were made to you or to your institution) |
|----|------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|
| 1  | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) | __X__None                                                                                       |                                                                                  |
|    | No time limit for this item.                                                        |                                                                                                 |                                                                                  |
| 2  | Grants or contracts from any entity (if not indicated in item #1 above).            | __X__None                                                                                       |                                                                                  |
| 3  | Royalties or licenses                                                               | __X__None                                                                                       |                                                                                  |
| 4  | Consulting fees                                                                     | __X__None                                                                                       |                                                                                  |

Time frame: Since the initial planning of the work

Time frame: past 36 months
|   |   |   |
|---|---|---|
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | None |
| 6 | Payment for expert testimony | None |
| 7 | Support for attending meetings and/or travel | None |
| 8 | Patents planned, issued or pending | None |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | None |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | None |
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Date: __2021-07-09__

Your Name: __Ying Li__

Manuscript Title: __Mobile 3D C-arm system-assisted transbronchial biopsy and ablation for ground-glass opacity pulmonary nodules__

Manuscript number (if known): __TLCR-21-561__

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| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | _X__None |
| 3 | Royalties or licenses | _X__None |
| 4 | Consulting fees | _X__None |
|   | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | __X__ None |
|---|---------------------------------------------------------------|-----------|
| 6 | Payment for expert testimony | __X__ None |
| 7 | Support for attending meetings and/or travel | __X__ None |
| 8 | Patents planned, issued or pending | __X__ None |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | __X__ None |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | __X__ None |
| 11 | Stock or stock options | __X__ None |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | __X__ None |
| 13 | Other financial or non-financial interests | __X__ None |

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Date: __2021-07-09__________________________________________

Your Name: __Shuaiyang Liu

Manuscript Title: __Mobile 3D C-arm system-assisted transbronchial biopsy and ablation for ground-glass opacity pulmonary nodules

Manuscript number (if known): __TLCR-21-561__________________________________________

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| 2 | Grants or contracts from any entity (if not indicated in item #1 above).                      | _X_ None                                                                      |
| 3 | Royalties or licenses                                                                          | _X_ None                                                                      |
| 4 | Consulting fees                                                                                | _X_ None                                                                      |
|   |                                                                                           | X | None |
|---|-------------------------------------------------------------------------------------------|----|------|
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | X | None |
| 6 | Payment for expert testimony                                                               | X | None |
| 7 | Support for attending meetings and/or travel                                                | X | None |
| 8 | Patents planned, issued or pending                                                          | X | None |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board                          | X | None |
| 10| Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | X | None |
| 11| Stock or stock options                                                                     | X | None |
| 12| Receipt of equipment, materials, drugs, medical writing, gifts or other services           | X | None |
| 13| Other financial or non-financial interests                                                   | X | None |

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Date: __2021-07-09__________________________________________
Your Name: __Kevin C. Ma____________________________________
Manuscript Title: __Mobile 3D C-arm system-assisted transbronchial biopsy and ablation for ground-glass opacity pulmonary nodules__________________________________________
Manuscript number (if known): __TLCR-21-561__________________________

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| 3 | Royalties or licenses                                                               | _X_ None                                                                          |
| 4 | Consulting fees                                                                     | _X_ None                                                                          |
|   | Description                                                                 | X | None |
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| 8 | Patents planned, issued or pending                                           | X | None |
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Date: __2021-07-09_________________________________________________________
Your Name: __Taichiro Goto_______________________________________________
Manuscript Title: Mobile 3D C-arm system-assisted transbronchial biopsy and ablation for ground-glass opacity pulmonary nodules______________________________________________________
Manuscript number (if known): __TLCR-21-561_________________________________

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|   | Description                                                                 | X | None |
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ICMJE DISCLOSURE FORM

Date: __2021-07-09

Your Name: Tobias Müller

Manuscript Title: Mobile 3D C-arm system-assisted transbronchial biopsy and ablation for ground-glass opacity pulmonary nodules

Manuscript number (if known): TLR-21-561

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| 3 | Royalties or licenses                                                                          | _X_ None                                                                       |
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| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | None |
| 6 | Payment for expert testimony | None |
| 7 | Support for attending meetings and/or travel | None |
| 8 | Patents planned, issued or pending | None |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | None |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | None |
| 11 | Stock or stock options | None |
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ICMJE DISCLOSURE FORM

Date: __2021-07-09______________________________

Your Name: __Edward D. Chan______________________________

Manuscript Title: _Mobile 3D C-arm system-assisted transbronchial biopsy and ablation for ground-glass opacity pulmonary nodules______________

Manuscript number (if known): __TLCR-21-561______________________________

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| 4 | Consulting fees | _X__ None |

**Time frame: past 36 months**
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| 6 | Payment for expert testimony                                     | X None |
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| 8 | Patents planned, issued or pending                                | X None |
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|   | **Time frame: past 36 months**                                                                 |                                                                                  |
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| 3 | Royalties or licenses                                                                         | **X** None                                                                       |
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| 8 | Patents planned, issued or pending | X None |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | X None |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | X None |
| 11 | Stock or stock options | X None |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | X None |
| 13 | Other financial or non-financial interests | X None |

Please summarize the above conflict of interest in the following box:

I have completed the ICMJE uniform disclosure form. I have no conflicts of interest to declare.

Please place an “X” next to the following statement to indicate your agreement:

_X_ I certify that I have answered every question and have not altered the wording of any of the questions on this form.