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.

1. Identifying information.

2. The work under consideration for publication.

This section asks for information about the work that you have submitted for publication. The time frame for this reporting is that of the work itself, from the initial conception and planning to the present. The requested information is about resources that you received, either directly or indirectly (via your institution), to enable you to complete the work. Checking “No” means that you did the work without receiving any financial support from any third party -- that is, the work was supported by funds from the same institution that pays your salary and that institution did not receive third-party funds with which to pay you. If you or your institution received funds from a third party to support the work, such as a government granting agency, charitable foundation or commercial sponsor, check “Yes”.

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**Other:** Anything not covered under the previous three boxes

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ICMJE Form for Disclosure of Potential Conflicts of Interest

**Section 1. Identifying Information**

1. Given Name (First Name)  
   George

2. Surname (Last Name)  
   Cheng

3. Date

4. Are you the corresponding author?  
   ✔ Yes  ☐ No

5. Manuscript Title  
   Cone Beam Navigation Bronchoscopy: The Next Frontier

6. Manuscript Identifying Number (if you know it)  
   JTD-2019-NDT-06(JTD-20-716)

**Section 2. The Work Under Consideration for Publication**

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Are there any relevant conflicts of interest?  
   ☐ Yes  ✔ No

If yes, please fill out the appropriate information below. If you have more than one entity press the “ADD” button to add a row. Excess rows can be removed by pressing the “X” button.

| Name of Institution/Company | Grant? | Personal | Non-Financial S | Other? | Comments |
|-----------------------------|--------|----------|-----------------|--------|----------|
|                             |        |          |                 |        |          |

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| Patent? | Pending? | Issued? | Licensed? | Royalties? | Licensee? | Comments |
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Section 6. Disclosure Statement

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Dr. Cheng has served as a consultant to Boston Scientific; Medtronic plc; Pinnacle Biologics, Inc; and Restor3D and has received research funding from Intuitive Surgical Inc and Pinnacle Biologics, Inc.

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**Section 1. Identifying Information**

1. Given Name (First Name)  
   Lihua

2. Surname (Last Name)  
   Liu

3. Date

4. Are you the corresponding author?  
   Yes  
   No

5. Manuscript Title  
   Cone Beam Navigation Bronchoscopy: The Next Frontier

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Are there any relevant conflicts of interest?  
   Yes  
   No

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Dr. Liu has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  
   Matthew

2. Surname (Last Name)  
   Nobari

3. Date

4. Are you the corresponding author?  
   ☐ Yes  ☑ No

5. Manuscript Title  
   Cone Beam Navigation Bronchoscopy: The Next Frontier

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Dr. Nobari has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Russell
2. Surname (Last Name) Miller
3. Date
4. Are you the corresponding author? Yes ☐ No ☑
5. Manuscript Title Cone Beam Navigation Bronchoscopy: The Next Frontier
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1. Given Name (First Name)  
   Momen

2. Surname (Last Name)  
   Wahidi

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Are there any relevant conflicts of interest?  
   Yes  No

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Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the “Add +” box. You should report relationships that were present during the 36 months prior to publication.

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Section 6. Disclosure Statement

Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Dr. Wahidi consultant to Boston Scientific; Nuvaira Inc; Olympus Corporation; and Veracyte, Inc and has served as a reviewer on the Data Safety Monitoring Board for CSA Medical Inc.

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