ICMJE DISCLOSURE FORM

Date: ___________ 2022/4/18 ______________________________________________________________________
Your Name: ___________ Peigen Gao ______________________________________________________________________
Manuscript Title: ___ Improvement of surgical techniques for orthotopic single lung transplantation in rats ___
Manuscript number (if known): ______________________________________________________________________

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) |
|---|-----------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| 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                                                                                                                                 |
|   | Description                                                                 |   |
|---|------------------------------------------------------------------------------|---|
| 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 |

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

None

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.
ICMJE DISCLOSURE FORM

Date: ___________ 2022/4/18

Your Name: ___________ Chongwu Li

Manuscript Title: Improvement of surgical techniques for orthotopic single lung transplantation in rats

Manuscript number (if known): ____________________________

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| 3 | Royalties or licenses | _X__None |
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Time frame: past 36 months
|   | Description                                                                                                           |   |   |
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| 11| Stock or stock options                                                                                               | X | None |
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| 13| Other financial or non-financial interests                                                                           | X | None |

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**ICMJE DISCLOSURE FORM**

Date: ________ 2022/4/18 ____________________________________________________________

Your Name: ________ Ye Ning ______________________________________________________

Manuscript Title: Improvement of surgical techniques for orthotopic single lung transplantation in rats

Manuscript number (if known): ___________________________________________________

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| 2    | Grants or contracts from any entity (if not indicated in item #1 above). | X None | X None |
| 3    | Royalties or licenses | X None | X None |
| 4    | Consulting fees | X None | 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 |
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| 11| Stock or stock options                                                                                    | _X_ None |
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| 13| Other financial or non-financial interests                                                                | _X_ None |

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Date: ______________ 2022/4/18 __________________________________________
Your Name: __________ Junqi Wu _________________________________________
Manuscript Title: __ Improvement of surgical techniques for orthotopic single lung transplantation in rats ______
Manuscript number (if known): ____________________________________________

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|------|--------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------|
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|      | 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
|   | Description                                                                 | 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 |
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| 13 | Other financial or non-financial interests                                   | X | None |

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ICMJE DISCLOSURE FORM

Date: ________________ 2022/4/18

Your Name: ___________ Pei Zhang

Manuscript Title: Improvement of surgical techniques for orthotopic single lung transplantation in rats

Manuscript number (if known): ________________________________

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| 3 | Royalties or licenses | __X__None |
| 4 | Consulting fees | __X__None |
|   | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | None |
|---|-------------------------------------------------------------------------------------------------|------|
| 5 | Payment for expert testimony                                                                 | None |
| 6 | Support for attending meetings and/or travel                                                   | None |
| 7 | Patents planned, issued or pending                                                             | None |
| 8 | Participation on a Data Safety Monitoring Board or Advisory Board                              | None |
| 9 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | None |
| 10| Stock or stock options                                                                          | None |
| 11| Receipt of equipment, materials, drugs, medical writing, gifts or other services                | None |
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Date:______________2022/4/18__________________________________________________________
Your Name:___________Xucheng Liu_________________________________________________
Manuscript Title:____ Improvement of surgical techniques for orthotopic single lung transplantation in rats____
Manuscript number (if known):________________________________________________________

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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 |
|   |   |   |
|---|---|---|
| 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:______________2022/4/18______________________________________________________________
Your Name:______________Yiliang Su______________________________________________________
Manuscript Title:____Improvement of surgical techniques for orthotopic single lung transplantation in rats____
Manuscript number (if known):____________________________________________________________

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|   | **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

|   | 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) |
|---|------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|
| 5 |                                                                                   |                                                                                  |

Time frame: 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) |
|---|------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|
| 6 |                                                                                   |                                                                                  |
|   |   |   |
|---|---|---|
| 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 |
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ICMJE DISCLOSURE FORM

Date:______________2022/4/18__________________________________________

Your Name:___________Deping Zhao_____________________________________

Manuscript Title: ___Improvement of surgical techniques for orthotopic single lung transplantation in rats___

Manuscript number (if known):__________________________________________________________________

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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 |
|   | Conflict of Interest                                                                 | 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 |
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| 11| Stock or stock options                                                              | X | None |
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| 13| Other financial or non-financial interests                                         | X | None |

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Date:______________2022/4/18

Your Name:___________Chang Chen

Manuscript Title: Improvement of surgical techniques for orthotopic single lung transplantation in rats

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| 3 | Royalties or licenses                                                                                           | _X_ None |
| 4 | Consulting fees                                                                                                 | _X_ None |

**Time frame: past 36 months**
|   | Conflict of Interest Description                                                                 | X | None |
|---|-------------------------------------------------------------------------------------------------|----|------|
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | X | None |
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