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.

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### Section 1. Identifying Information

1. **Given Name (First Name)**
   - Zhen

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

3. **Date**
   - 08-June-2020

4. **Are you the corresponding author?**
   - Yes

5. **Manuscript Title**
   - Determining the optimal puncture site of CT-Guided Transthoracic Needle Aspiration Biopsy for the diagnosis of tuberculosis

6. **Manuscript Identifying Number (if you know it)**
   - JTD-19-3293

### Corresponding Author’s Name
- Pingxin Lv/Yu Pang

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

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Are there any relevant conflicts of interest?  
- Yes  
- No

### Section 3. Relevant financial activities outside the submitted work.

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Dr. Zhou has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  
   Yujie

2. Surname (Last Name)  
   Dong

3. Date  
   08-June-2020

4. Are you the corresponding author?  
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   Corresponding Author’s Name  
   Pingxin Lv/Yu Pang

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Section 1. Identifying Information

1. Given Name (First Name) Chenghai
2. Surname (Last Name) Li
3. Date 08-June-2020

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

Corresponding Author’s Name
Pingxin Lv/Yu Pang

5. Manuscript Title
Determining the optimal puncture site of CT-Guided Transthoracic Needle Aspiration Biopsy for the diagnosis of tuberculosis

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## Section 1. Identifying Information

1. Given Name (First Name) | Dongpo
2. Surname (Last Name)      | Wang
3. Date                     | 08-June-2020
4. Are you the corresponding author? [ ] Yes [x] No
5. Manuscript Title
   Determining the optimal puncture site of CT-Guided Transthoracic Needle Aspiration Biopsy for the diagnosis of tuberculosis
6. Manuscript Identifying Number (if you know it)
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7. Corresponding Author’s Name
   Pingxin Lv/Yu Pang

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Section 1. Identifying Information

1. Given Name (First Name) | Yan
2. Surname (Last Name) | Lv
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Pending: The patent has been filed but not issued
Issued: The patent has been issued by the agency
Licensed: The patent has been licensed to an entity, whether earning royalties or not
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**Section 1. Identifying Information**

<table>
<thead>
<tr>
<th>1. Given Name (First Name)</th>
<th>2. Surname (Last Name)</th>
<th>3. Date</th>
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<tbody>
<tr>
<td>Pingxin</td>
<td>Lv</td>
<td>08-June-2020</td>
</tr>
</tbody>
</table>

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

5. Manuscript Title
   Determining the optimal puncture site of CT-Guided Transthoracic Needle Aspiration Biopsy for the diagnosis of tuberculosis

6. Manuscript Identifying Number (if you know it)
   JTD-19-3293

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

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Dr. Lv has nothing to disclose.

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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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Definitions.

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Grant: A grant from an entity, generally (but not always) paid to your organization

Personal Fees: Monies paid to you for services rendered, generally honoraria, royalties, or fees for consulting, lectures, speakers bureaus, expert testimony, employment, or other affiliations

Non-Financial Support: Examples include drugs/equipment supplied by the entity, travel paid by the entity, writing assistance, administrative support, etc.

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1. Given Name (First Name)  Yu
2. Surname (Last Name)  Pang
3. Date  08-June-2020
4. Are you the corresponding author?  ✔ Yes  No

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