

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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Section 1. Identifying Information

1. Given Name (First Name) Yang	2. Surname (Last Name) Li	3. Date 06-May-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Yi Yang
5. Manuscript Title Comparison of Minimally Invasive Surgery for Non-flail Chest Rib Fractures: A Prospective Cohort Study		
6. Manuscript Identifying Number (if you know it) JTD-19-2586		

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Erji

2. Surname (Last Name)
Gao

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06-May-2020

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Corresponding Author's Name
Yi Yang

5. Manuscript Title
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Yi

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Yang

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06-May-2020

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4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Yi Yang
5. Manuscript Title Comparison of Minimally Invasive Surgery for Non-flail Chest Rib Fractures: A Prospective Cohort Study		
6. Manuscript Identifying Number (if you know it) JTD-19-2586		

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1. Given Name (First Name)
Weiming

2. Surname (Last Name)
Wu

3. Date
06-May-2020

4. Are you the corresponding author? Yes No

Corresponding Author's Name
Yi Yang

5. Manuscript Title
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4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Yi Yang
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1. Given Name (First Name)
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2. Surname (Last Name)
Guo

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06-May-2020

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Corresponding Author's Name
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