

ICMJE DISCLOSURE FORM

Date: 2021-06-16

Your Name: Hui Wang

Manuscript Title: Surface topography index: a novel deformity severity assessment index for pectus excavatum

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.

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ICMJE DISCLOSURE FORM

Date: 2021-06-16

Your Name: Wei Liu

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Your Name: Dong-ying Zhang

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Date: 2021-06-16

Your Name: Qing-lin Yang

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Date: 2021-06-16

Your Name: Lian-wei Lu

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Date: 2021-06-16

Your Name: Feng-hua Wang

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Your Name: Le Li

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Date: 2021-06-16

Your Name: Qi Wang

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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.