

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

Jiao

2. Surname (Last Name)

Quan

3. Date

14-April-2020

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name

Zhangzhe Peng

5. Manuscript Title

Obstructive uropathy in a patient with primary myelofibrosis and non-IgM monoclonal gammopathy of undetermined significance-A Case Report

6. Manuscript Identifying Number (if you know it)

JXYM-20-48

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Hui

2. Surname (Last Name)

Xu

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☐ Yes

☒ No

Corresponding Author's Name

Zhangzhe Peng

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1. Given Name (First Name) Dengshu	2. Surname (Last Name) Wu	3. Date 15-April-2020
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Zhangzhe Peng
5. Manuscript Title Obstructive uropathy in a patient with primary myelofibrosis and non-IgM monoclonal gammopathy of undetermined significance-A Case Report		
6. Manuscript Identifying Number (if you know it) JXYM-20-48		

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Yancheng

2. Surname (Last Name)
Luo

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☒ No

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Zhangzhe Peng

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Tao

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Section 1. Identifying Information

1. Given Name (First Name)
Zhangzhe

2. Surname (Last Name)
Peng

3. Date
14-April-2020

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

5. Manuscript Title
Obstructive uropathy in a patient with primary myelofibrosis and non-IgM monoclonal gammopathy of undetermined significance-A Case Report

6. Manuscript Identifying Number (if you know it)
JXYM-20-48

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Did you or your institution **at any time** receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

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