

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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Section 1. Identifying Information

1. Given Name (First Name) jiatong	2. Surname (Last Name) zhou	3. Date 07-April-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name ranlu liu
5. Manuscript Title Prostate biopsy free system for Laparoscopic Radical Prostatectomy in a Pituitary Dwarfism: a case report		
6. Manuscript Identifying Number (if you know it) TAU-20-489-R1		

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Dr. zhou has nothing to disclose.

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1. Given Name (First Name) baoling	2. Surname (Last Name) zhang	3. Date 07-April-2020
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1. Given Name (First Name)

shuai

2. Surname (Last Name)

xia

3. Date

07-April-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

ranlu liu

5. Manuscript Title

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ranlu

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liu

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