

## 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)  
Liming

2. Surname (Last Name)  
Yang

3. Date  
09-April-2020

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name  
Hui Yu

5. Manuscript Title  
Simultaneous acute Marchiafava-Bignami disease and Posterior  
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6. Manuscript Identifying Number (if you know it)  
QIMS-19-967-R1

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Are there any relevant conflicts of interest?  Yes  No

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Dr. Yang has nothing to disclose.

### Evaluation and Feedback

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Jing	2. Surname (Last Name) Liu	3. Date 09-April-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Hui Yu
5. Manuscript Title Simultaneous acute Marchiafava-Bignami disease and Posterior Reversible Encephalopathy Syndrome: A case almost misdiagnosed		
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Hui

2. Surname (Last Name)  
Yu

3. Date  
09-April-2020

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