

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)
Ying

2. Surname (Last Name)
Sun

3. Date
23-March-2020

4. Are you the corresponding author? Yes No

5. Manuscript Title
Ultrasonic manifestation of urethral polyp in a girl: a case report

6. Manuscript Identifying Number (if you know it)
TP-20-75

Section 2. The Work Under Consideration for Publication

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Dr. Sun has nothing to disclose.

Evaluation and Feedback

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1. Given Name (First Name) Lin	2. Surname (Last Name) Du	3. Date 23-March-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Ying Sun
5. Manuscript Title Ultrasonic manifestation of urethral polyp in a girl: a case report		
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