

## 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) zhabin	2. Surname (Last Name) HOU	3. Date 19-March-2020
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name chun xiang WANG
5. Manuscript Title Retroperitoneal malignant triton tumor in an infant: a case report and literature review		
6. Manuscript Identifying Number (if you know it) TP-20-83		

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Are there any relevant conflicts of interest? ☐ Yes ☒ No

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Dr. HOU has nothing to disclose.

### Evaluation and Feedback

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### Section 1. Identifying Information

1. Given Name (First Name)  
chun xiang

2. Surname (Last Name)  
wang

3. Date  
19-March-2020

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

5. Manuscript Title  
Retroperitoneal malignant triton tumor in an infant: a case report and literature review

6. Manuscript Identifying Number (if you know it)  
TP-20-83

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1. Given Name (First Name) liang	2. Surname (Last Name) Li	3. Date 19-March-2020
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