

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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2. The work under consideration for publication.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Maoyuan	2. Surname (Last Name) Zhao	3. Date 31-July-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Hui, Zhouguang
5. Manuscript Title ypertrophic pulmonary osteoarthropathy with esophageal sarcomatoid carcinoma:a case report		
6. Manuscript Identifying Number (if you know it) APM-20-1309		

Section 2. The Work Under Consideration for Publication

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.)?

Are there any relevant conflicts of interest? Yes No

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Are there any relevant conflicts of interest? Yes No

Section 4. Intellectual Property -- Patents & Copyrights

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Section 6. Disclosure Statement

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Dr. Zhao has nothing to disclose.

Evaluation and Feedback

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Section 1. Identifying Information

1. Given Name (First Name)

Yanru

2. Surname (Last Name)

Du

3. Date

31-July-2020

4. Are you the corresponding author?

Yes

No

Corresponding Author's Name

Hui, Zhouguang

5. Manuscript Title

Hypertrophic pulmonary osteoarthropathy with esophageal sarcomatoid carcinoma: a case report

6. Manuscript Identifying Number (if you know it)

APM-20-1309

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Are there any relevant conflicts of interest?

Yes

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Yes

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Dr. Du has nothing to disclose.

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Qing

2. Surname (Last Name)

Peng

3. Date

31-July-2020

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Yes

No

Corresponding Author's Name

Hui, Zhouguang

5. Manuscript Title

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