

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)
jack

2. Surname (Last Name)
mizelle

3. Date
18-September-2019

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Kei Suzuki

5. Manuscript Title
case report of primitive neuroectodermal tumor with an unknown primary presenting with multiple lung metastasis

6. Manuscript Identifying Number (if you know it)
CCTS-19-29

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Dr. mizelle has nothing to disclose.

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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) yang	3. Date 18-September-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Kei Suzuki
5. Manuscript Title case report of primitive neuroectodermal tumor with an unknown primary presenting with multiple lung metastasis		
6. Manuscript Identifying Number (if you know it) CCTS-19-29		

Section 2. The Work Under Consideration for Publication

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Dr. yang has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
Eric

2. Surname (Last Name)
Burks

3. Date
18-September-2019

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Kei Suzuki

5. Manuscript Title

Case report of primitive neuroectodermal tumor with an unknown primary presenting with multiple lung metastasis

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CCTS-19-29

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Dr. Burks has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
Virginia

2. Surname (Last Name)
Little

3. Date
18-September-2019

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Yes No

Corresponding Author's Name
Kei Suzuki

5. Manuscript Title

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CCTS-19-29

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