

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)

Josip

2. Surname (Last Name)

Hrabar

3. Date

15-August-2019

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Vinko Bubić

5. Manuscript Title

Epithelioid hemangioendothelioma of the liver—case report

6. Manuscript Identifying Number (if you know it)

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Dr. Hrabar 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) Lovro	2. Surname (Last Name) Kavur	3. Date 15-August-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Vinko Bubić
5. Manuscript Title Epithelioid hemangioendothelioma of the liver—case report		
6. Manuscript Identifying Number (if you know it)		

Section 2. The Work Under Consideration for Publication

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Dr. Kavur has nothing to disclose.

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1. Given Name (First Name) Vinko	2. Surname (Last Name) Vidjak	3. Date 15-August-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Vinko Bubić
5. Manuscript Title Epithelioid hemangioendothelioma of the liver—case report		
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1. Given Name (First Name) Martina	2. Surname (Last Name) Hrabar	3. Date 15-August-2019
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