

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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4. Intellectual Property.

This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Jianlong	2. Surname (Last Name) Jiang	3. Date 10-November-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Yulong He
5. Manuscript Title A Case of Castleman Disease and Literature Review		
6. Manuscript Identifying Number (if you know it) DMR-20-49-R1		

Section 2. The Work Under Consideration for Publication

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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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Dr. Jiang has nothing to disclose.

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1. Given Name (First Name) Tengfei	2. Surname (Last Name) Hao	3. Date 10-November-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Yulong He
5. Manuscript Title A Case of Castleman Disease and Literature Review		
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Dr. Hao has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Jingyao	2. Surname (Last Name) Chen	3. Date 10-November-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Yulong He
5. Manuscript Title A Case of Castleman Disease and Literature Review		
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1. Given Name (First Name) Shaohua	2. Surname (Last Name) Yang	3. Date 10-November-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Yulong He
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Section 1. Identifying Information

1. Given Name (First Name) Chumei	2. Surname (Last Name) Huang	3. Date 10-November-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Yulong He
5. Manuscript Title A Case of Castleman Disease and Literature Review		
6. Manuscript Identifying Number (if you know it) DMR-20-49-R1		

Section 2. The Work Under Consideration for Publication

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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

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes No

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Dr. Huang 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) Mingzhe	2. Surname (Last Name) Li	3. Date 10-November-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Yulong He
5. Manuscript Title A Case of Castleman Disease and Literature Review		
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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

Wenhui

2. Surname (Last Name)

Wu

3. Date

10-November-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Yulong He

5. Manuscript Title

A Case of Castleman Disease and Literature Review

6. Manuscript Identifying Number (if you know it)

DMR-20-49-R1

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Changhua	2. Surname (Last Name) Zhang	3. Date 10-November-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Yulong He
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Yulong
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