

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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Section 1. Identifying Information

1. Given Name (First Name)
Fei

2. Surname (Last Name)
Li

3. Date
18-December-2019

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

5. Manuscript Title
Treatment of ureteral tunnel in laparoscopy radical hysterectomy

6. Manuscript Identifying Number (if you know it)
GPM-2019-IEGS-11-M04

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Dr. Li has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Cancan	2. Surname (Last Name) Wang	3. Date 18-December-2019
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name FEI LI
5. Manuscript Title Treatment of ureteral tunnel in laparoscopy radical hysterectomy		
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Dr. Wang has nothing to disclose.

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4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name FEI LI
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