

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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Section 1. Identifying Information

1. Given Name (First Name) Heng	2. Surname (Last Name) Zheng	3. Date 11-August-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Xin Tan
5. Manuscript Title Bilateral huge ovarian dysgerminoma with torsion: case report		
6. Manuscript Identifying Number (if you know it) GPM-20-50		

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Dr. Zheng has nothing to disclose.

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1. Given Name (First Name) Jian	2. Surname (Last Name) Meng	3. Date 11-August-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Xin Tan
5. Manuscript Title Bilateral huge ovarian dysgerminoma with torsion: case report		
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Dr. Meng has nothing to disclose.

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1. Given Name (First Name) Yuedong	2. Surname (Last Name) He	3. Date 11-August-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Xin Tan
5. Manuscript Title Bilateral huge ovarian dysgerminoma with torsion: case report		
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Xin

2. Surname (Last Name)

Tan

3. Date

11-August-2020

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