

ICMJE DISCLOSURE FORM

Date: 2021.04.14

Your Name: Bai Yonghua

Manuscript Title: Angiomyolipoma of the adrenal gland: A case report and literature review

Manuscript number (if known): _____

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

The following questions apply to the author's relationships/activities/interests as they relate to the **current manuscript only**.

The author's relationships/activities/interests should be **defined broadly**. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

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Time frame: past 36 months			
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3	Royalties or licenses	____ None	
4	Consulting fees	____ None	

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6	Payment for expert testimony	___ None	
7	Support for attending meetings and/or travel	___ None	
8	Patents planned, issued or pending	___ None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	___ None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	___ None	
11	Stock or stock options	___ None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	___ None	
13	Other financial or non-financial interests	___ None	

Please summarize the above conflict of interest in the following box:

Dr. Bai has nothing to disclose.

Please place an "X" next to the following statement to indicate your agreement:

 X I certify that I have answered every question and have not altered the wording of any of the questions on this form.

ICMJE DISCLOSURE FORM

Date: 2021.04.14

Your Name: Li Lingli

Manuscript Title: Angiomyolipoma of the adrenal gland: A case report and literature review

Manuscript number (if known): _____

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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	___ None	
13	Other financial or non-financial interests	___ None	

Please summarize the above conflict of interest in the following box:

Dr. Li has nothing to disclose.

Please place an "X" next to the following statement to indicate your agreement:

 X I certify that I have answered every question and have not altered the wording of any of the questions on this form.

ICMJE DISCLOSURE FORM

Date: 2021.04.14
 Your Name: Zhang Jingjing
 Manuscript Title: Angiomyolipoma of the adrenal gland: A case report and literature review
 Manuscript number (if known): _____

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13	Other financial or non-financial interests	___ None	

Please summarize the above conflict of interest in the following box:

Dr. Zhang has nothing to disclose.

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 X I certify that I have answered every question and have not altered the wording of any of the questions on this form.

ICMJE DISCLOSURE FORM

Date: 2021.04.14

Your Name: Hu Jie

Manuscript Title: Angiomyolipoma of the adrenal gland: A case report and literature review

Manuscript number (if known): _____

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13	Other financial or non-financial interests	___ None	

Please summarize the above conflict of interest in the following box:

Dr.Hu has nothing to disclose.

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ICMJE DISCLOSURE FORM

Date: 2021.04.14

Your Name: Yin Yu

Manuscript Title: Angiomyolipoma of the adrenal gland: A case report and literature review

Manuscript number (if known): _____

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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	___ None	
13	Other financial or non-financial interests	___ None	

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Dr. Yin has nothing to disclose.

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ICMJE DISCLOSURE FORM

Date: 2021.04.14

Your Name: He Cheng

Manuscript Title: Angiomyolipoma of the adrenal gland: A case report and literature review

Manuscript number (if known): _____

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13	Other financial or non-financial interests	___ None	

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Dr. He has nothing to disclose.

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ICMJE DISCLOSURE FORM

Date: 2021.04.14

Your Name: Liu Junwei

Manuscript Title: Angiomyolipoma of the adrenal gland: A case report and literature review

Manuscript number (if known): _____

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Date: 2021.04.14

Your Name: Liu Heng

Manuscript Title: Angiomyolipoma of the adrenal gland: A case report and literature review

Manuscript number (if known): _____

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