

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Instructions

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### Section 1. Identifying Information

1. Given Name (First Name) Min	2. Surname (Last Name) Yu	3. Date 12-November-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Huiping Li
5. Manuscript Title Pulmonary angiosarcoma presenting with diffuse alveolar hemorrhage: a case report		
6. Manuscript Identifying Number (if you know it) ATM-20-7441		

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1. Given Name (First Name) Weibin	2. Surname (Last Name) Huang	3. Date 12-November-2020
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Yan

2. Surname (Last Name)

Wang

3. Date

12-November-2020

4. Are you the corresponding author?

Yes

No

Corresponding Author's Name

Huiping Li

5. Manuscript Title

Pulmonary angiosarcoma presenting with diffuse alveolar hemorrhage: a case report

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)

Weihua

2. Surname (Last Name)

Tao

3. Date

12-November-2020

4. Are you the corresponding author?

Yes

No

Corresponding Author's Name

Huiping Li

5. Manuscript Title

Pulmonary angiosarcoma presenting with diffuse alveolar hemorrhage: a case report

6. Manuscript Identifying Number (if you know it)

ATM-20-7441

### Section 2. The Work Under Consideration for Publication

Did you or your institution **at any time** receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

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

## ICMJE Form for Disclosure of Potential Conflicts of Interest

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Saadia	2. Surname (Last Name) Faiz	3. Date 26-October-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Huiping Li
5. Manuscript Title Pulmonary angiosarcoma presenting with diffuse alveolar hemmorrhage: a case report		
6. Manuscript Identifying Number (if you know it) ATM-20-7441		

### Section 2. The Work Under Consideration for Publication

Did you or your institution **at any time** receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

Are there any relevant conflicts of interest?  Yes  No

### Section 3. Relevant financial activities outside the submitted work.

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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

## ICMJE Form for Disclosure of Potential Conflicts of Interest

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### Section 5. Relationships not covered above

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Fung Him	2. Surname (Last Name) Ng	3. Date 01-November-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Huiping Li
5. Manuscript Title Pulmonary angiosarcoma presenting with diffuse alveolar hemorrhage: a case report		
6. Manuscript Identifying Number (if you know it) ATM-20-7441		

### Section 2. The Work Under Consideration for Publication

Did you or your institution **at any time** receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

Are there any relevant conflicts of interest?  Yes  No

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Are there any relevant conflicts of interest?  Yes  No

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Huiping	2. Surname (Last Name) Li	3. Date 12-November-2020
4. Are you the corresponding author?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
5. Manuscript Title Pulmonary angiosarcoma presenting with diffuse alveolar hemorrhage: a case report		
6. Manuscript Identifying Number (if you know it) ATM-20-7441		

### Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest?  Yes  No

### Section 3. Relevant financial activities outside the submitted work.

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### Section 4. Intellectual Property -- Patents & Copyrights

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

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Dr. Li has nothing to disclose.

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