

ICMJE DISCLOSURE FORM

Date: June, 4, 2021

Your Name: Hu Wenfu

Manuscript Title: Clinical impact of craniopharyngioma classification based on location origin: A multicenter retrospective study

Manuscript number (if known): _____ It's not clear _____

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.

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Time frame: past 36 months			
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Please summarize the above conflict of interest in the following box:

I have no conflicts of interest to declare.

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

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: June, 5, 2021

Your Name: Binghui Qiu

Manuscript Title: Clinical impact of craniopharyngioma classification based on location origin: A multicenter retrospective study

Manuscript number (if known): _____ It's not clear _____

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ICMJE DISCLOSURE FORM

Date: June, 5, 2021
 Your Name: Fen Mei
 Manuscript Title: Clinical impact of craniopharyngioma classification based on location origin: A multicenter retrospective study
 Manuscript number (if known): It's not clear

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ICMJE DISCLOSURE FORM

Date: June, 4, 2021
 Your Name: Jian Mao
 Manuscript Title: Clinical impact of craniopharyngioma classification based on location origin: A multicenter retrospective study
 Manuscript number (if known): It's not clear

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ICMJE DISCLOSURE FORM

Date: June, 5, 2021

Your Name: Lizhi Zhou

Manuscript Title: Clinical impact of craniopharyngioma classification based on location origin: A multicenter retrospective study

Manuscript number (if known): It's not clear

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ICMJE DISCLOSURE FORM

Date: June, 4, 2021

Your Name: Fan Liu

Manuscript Title: Clinical impact of craniopharyngioma classification based on location origin: A multicenter retrospective study

Manuscript number (if known): It's not clear

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ICMJE DISCLOSURE FORM

Date: June, 4, 2021

Your Name: Jun Fan

Manuscript Title: Clinical impact of craniopharyngioma classification based on location origin: A multicenter retrospective study

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ICMJE DISCLOSURE FORM

Date: June, 4, 2021
 Your Name: Yi Liu
 Manuscript Title: Clinical impact of craniopharyngioma classification based on location origin: A multicenter retrospective study
 Manuscript number (if known): _____

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ICMJE DISCLOSURE FORM

Date: June, 5, 2021

Your Name: Ge Wen

Manuscript Title: Clinical impact of craniopharyngioma classification based on location origin: A multicenter retrospective study

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ICMJE DISCLOSURE FORM

Date: June, 5, 2021

Your Name: Songtao Qi

Manuscript Title: Clinical impact of craniopharyngioma classification based on location origin: A multicenter retrospective study

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Date: June, 4, 2021
 Your Name: Yun Bao
 Manuscript Title: Clinical impact of craniopharyngioma classification based on location origin: A multicenter retrospective study
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8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	
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ICMJE DISCLOSURE FORM

Date: June, 5, 2021

Your Name: Jun Pan

Manuscript Title: Clinical impact of craniopharyngioma classification based on location origin: A multicenter retrospective study

Manuscript number (if known): It's not clear

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