

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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1. Given Name (First Name) Lei	2. Surname (Last Name) Wang	3. Date 30-May-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Shijie Xin
5. Manuscript Title Mediastinal Liposarcoma masquerading as penetrating aortic ulcer in the descending aorta: a case report		
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Licensed: The patent has been licensed to an entity, whether earning royalties or not

Royalties: Funds are coming in to you or your institution due to your patent

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Section 1. Identifying Information

1. Given Name (First Name)
Shijie

2. Surname (Last Name)
Xin

3. Date
30-May-2020

4. Are you the corresponding author? Yes No

5. Manuscript Title
Mediastinal Liposarcoma masquerading as penetrating aortic ulcer in the descending aorta: a case report

6. Manuscript Identifying Number (if you know it)
CDT-20-287

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.)?

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All authors have completed the ICMJE uniform disclosure form. The authors have no conflicts of interest to declare.

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