

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Jiping	2. Surname (Last Name) Zeng	3. Date 06-October-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Juan Chipollini
5. Manuscript Title Leiomyosarcoma of the scrotum: a case report and literature review		
6. Manuscript Identifying Number (if you know it) TAU-20-1184-R1		

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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Dr. Zeng has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
Grant

2. Surname (Last Name)
Pollock

3. Date
06-November-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Juan Chipollini

5. Manuscript Title
Leiomyosarcoma of the scrotum: a case report and literature review

6. Manuscript Identifying Number (if you know it)
TAU-20-1184-R1

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Dr. Pollock has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)

Joel

2. Surname (Last Name)

Addams

3. Date

05-November-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Juan Chipollini

5. Manuscript Title

Leiomyosarcoma of the scrotum: a case report and literature review

6. Manuscript Identifying Number (if you know it)

TAU-20-1184-R1

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1. Given Name (First Name)
Erika

2. Surname (Last Name)
Bracamonte

3. Date
06-November-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Juan Chipollini

5. Manuscript Title
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6. Manuscript Identifying Number (if you know it)
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Dr. Bracamonte has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)

Juan

2. Surname (Last Name)

Chipollini

3. Date

04-November-2020

4. Are you the corresponding author?

Yes No

5. Manuscript Title

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