

ICMJE DISCLOSURE FORM

Date: Mar. 19th, 2023

Your Name: Yunling Wang

Manuscript Title: Rare recurrent brain alveolar echinococcosis complicated by systemic multiorgan infection-a case description

Manuscript number (if known): QIMS-22-1336

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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11	Stock or stock options	<input checked="" type="checkbox"/> <input type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> <input type="checkbox"/> None	
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None.

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Date: Mar. 19th, 2023

Your Name: Ying Yan

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Date: Mar. 19th, 2023

Your Name: Zheng Wang

Manuscript Title: Rare recurrent brain alveolar echinococcosis complicated by systemic multiorgan infection-a case description

Manuscript number (if known): QIMS-22-1336

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Date: Mar. 19th, 2023

Your Name: Xuan Wei

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Your Name: Zhenchang Wang

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