

ICMJE DISCLOSURE FORM

Date: 2021. 2. 19 _____

Your Name: MinWang _____

Manuscript Title: Treatment of a special located occult hepatic cancer in a cirrhotic patient using laparoscopic ultrasound-guided radiofrequency ablation: a case description

Manuscript number (if known): QIMS-21-207 _____

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			
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	
4	Consulting fees	None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<u> </u> None	
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Please summarize the above conflict of interest in the following box:

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

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Date: 2021. 2. 19 _____

Your Name: FeiXu _____

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