ICMJE DISCLOSURE FORM

Date:	11/14/2021
Your Name:	Jinyang Wen
Manuscript Title:	A case description of primary pleural epithelioid angiosarcoma in an instance of sudden massive hemoptysis in a 52-year-old man
Manuscript Number (if known):	QIMS-21-772

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 author's relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
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2	Grants or contracts from any entity (if not indicated in item #1 above).	None None	
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		Name all entities with whom you have this relationship or indicate none (add rows as needed) Specifications/Cor made to you or to	mments (e.g., if payments were your institution)
4	Consulting fees	None None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	None None	
7	Support for attending meetings and/or travel	None None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	

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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services		None	
13	Other financial or non-financial interests		None	
Plea ⊠	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.			

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Date:	11/14/2021
Your Name:	Lianggeng Gong
Manuscript Title:	A case description of primary pleural epithelioid angiosarcoma in an instance of sudden massive hemoptysis in a 52-year-old man
Manuscript Number (if known):	QIMS-21-772

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ICMJE DISCLOSURE FORM

Date:	11/14/2021
Your Name:	Xiaoning Huang
Manuscript Title:	A case description of primary pleural epithelioid angiosarcoma in an instance of sudden massive hemoptysis in a 52-year-old man
Manuscript Number (if known):	QIMS-21-772

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