

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Zhihua	2. Surname (Last Name) Xu	3. Date 17-September-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Luo Hongxia
5. Manuscript Title Abdominal manifestations in children with tuberous sclerosis complex: Value of abdominal ultrasonography		
6. Manuscript Identifying Number (if you know it) TP-20-150		

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Are there any relevant conflicts of interest? Yes No

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Dr. Xu has nothing to disclose.

Evaluation and Feedback

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1. Given Name (First Name) Junbo	2. Surname (Last Name) Wu	3. Date 17-September-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Hongxia Luo
5. Manuscript Title Abdominal manifestations in children with tuberous sclerosis complex: Value of abdominal ultrasonography		
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Hongxia

2. Surname (Last Name)
Luo

3. Date
17-September-2020

4. Are you the corresponding author? Yes No

5. Manuscript Title
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