

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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Section 1. Identifying Information

1. Given Name (First Name) Na	2. Surname (Last Name) Su	3. Date 30-November-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Xinran Cheng
5. Manuscript Title A case report of 46XY partial gonadal dysgenesis caused by a novel SRY gene mutation		
6. Manuscript Identifying Number (if you know it) TP-20-414		

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Dr. Su has nothing to disclose.

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1. Given Name (First Name) Ke	2. Surname (Last Name) Xu	3. Date 30-November-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Xinran Cheng
5. Manuscript Title A case report of 46XY partial gonadal dysgenesis caused by a novel SRY gene mutation		
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Dr. Xu has nothing to disclose.

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4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Xinran Cheng
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Xinran

2. Surname (Last Name)
Cheng

3. Date
30-November-2020

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