

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

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Royalties: Funds are coming in to you or your institution due to your patent

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1.

Identifying Information

1. Given Name (First Name)

Hong

2. Surname (Last Name)

You

3. Date

26-November-2020

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name

Qi Liu

5. Manuscript Title

Lateral ventricular medulloepithelioma in children: a case report

6. Manuscript Identifying Number (if you know it)

TP-20-257

Section 2.

The Work Under Consideration for Publication

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☒ No

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Mr. You has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Jiangtao	2. Surname (Last Name) Dong	3. Date 26-November-2020
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Qi Liu
5. Manuscript Title Lateral ventricular medulloepithelioma in children: a case report		
6. Manuscript Identifying Number (if you know it) TP-20-257		

Section 2. The Work Under Consideration for Publication

Did you or your institution **at any time** receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

Are there any relevant conflicts of interest? ☐ Yes ☒ No

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Mr. Dong has nothing to disclose.

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Section 1.

Identifying Information

1. Given Name (First Name)

Jian

2. Surname (Last Name)

Xu

3. Date

25-November-2020

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name

Qi Liu

5. Manuscript Title

Lateral ventricular medulloepithelioma in children: a case report

6. Manuscript Identifying Number (if you know it)

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Mr. Xu has nothing to disclose.

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Identifying Information

1. Given Name (First Name) Dong	2. Surname (Last Name) Zhao	3. Date 26-November-2020
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Qi Liu
5. Manuscript Title Lateral ventricular medulloepithelioma in children: a case report		
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Qi

2. Surname (Last Name)

Liu

3. Date

26-November-2020

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☒ Yes ☐ No

5. Manuscript Title

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