

# ICMJE DISCLOSURE FORM

Date: MAY. 18<sup>th</sup>, 2021

Your Name: Liu-Xu Wang

Manuscript Title: Clinical and genetic characteristics of 2 cases with Williams-Beuren syndrome

Manuscript number (if known): TP-21-161

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.

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Date: MAY. 18<sup>th</sup>, 2021

Your Name: Jie Leng

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Your Name: Zhong-Hui Li

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Your Name: Fang Tang

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Your Name: Chun-Zhu, Gong

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Your Name: Xin-Ran Cheng

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