

## ICMJE DISCLOSURE FORM

Date:      Oct. 30<sup>th</sup>, 2021     

Your Name:      Jian-Liang Wei     

Manuscript Title:      Complete intravenous leiomyomatosis: a case report and literature review

Manuscript number (if known):      ARES-CD39-LXY-2109-2021-0914-1671

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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<b>Time frame: Since the initial planning of the work</b>			
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None.

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## ICMJE DISCLOSURE FORM

Date:      Oct. 30<sup>th</sup>, 2021     

Your Name:      Xiang Ji     

Manuscript Title:      Complete intravenous leiomyomatosis: a case report and literature review

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Date:      Oct. 30<sup>th</sup>, 2021     

Your Name:      Peng Zhang     

Manuscript Title:      Complete intravenous leiomyomatosis: a case report and literature review

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Date:      Oct. 30<sup>th</sup>, 2021     

Your Name:   Wen-Jing Chen  

Manuscript Title:      Complete intravenous leiomyomatosis: a case report and literature review

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Date:      Oct. 30<sup>th</sup>, 2021     

Your Name: Ya-Nan Zhao     

Manuscript Title:      Complete intravenous leiomyomatosis: a case report and literature review

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## ICMJE DISCLOSURE FORM

Date: Oct. 30<sup>th</sup>, 2021

Your Name: Ming Liu

Manuscript Title: Complete intravenous leiomyomatosis: a case report and literature review

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