

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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Section 1. Identifying Information

1. Given Name (First Name) Jikai	2. Surname (Last Name) Zhao	3. Date 17-July-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Yuchen Han
5. Manuscript Title Middle mediastinal paraganglioma with blood supply by branch of left coronary artery: one case report		
6. Manuscript Identifying Number (if you know it) MED-18-65		

Section 2. The Work Under Consideration for Publication

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Dr. Zhao has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Lei	2. Surname (Last Name) Zhu	3. Date 17-July-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Yuchen Han
5. Manuscript Title Middle mediastinal paraganglioma with blood supply by branch of left coronary artery: one case report		
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Section 1. Identifying Information

1. Given Name (First Name)
Keke

2. Surname (Last Name)
Yu

3. Date
17-July-2018

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Yuchen Han

5. Manuscript Title

Middle mediastinal paraganglioma with blood supply by branch of left coronary artery: one case report

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MED-18-65

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