

Instructions

The purpose of this form is to provide readers of your manuscript with information about your other interests that could influence how they receive and understand your work. The form is designed to be completed electronically and stored electronically. It contains programming that allows appropriate data display. Each author should submit a separate form and is responsible for the accuracy and completeness of the submitted information. The form is in six parts.

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Section 1. Identifying Info	rmation	
1. Given Name (First Name) Chunxiu	2. Surname (Last Name) Yang	3. Date 17-April-2020
4. Are you the corresponding author?	Yes 🖌 No	Corresponding Author's Name Shu-Yuan Xiao
5. Manuscript Title Hepatic lymphoepithelioma-like card	cinoma: a case report with	literature review
6. Manuscript Identifying Number (if you PCM-19-72	ı know it)	
Section 2. The Work Under	Consideration for Pub	lication

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🖌 No

Are there any relevant conflicts of interest?		Yes	
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Are there any relevant conflicts of interest?	Yes	\checkmark	No
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Do you have any patents, whether planned, pending or issued, broadly relevant to the work?	Yes	🖌 No	
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Dr. Yang has nothing to disclose.

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Section 1. 1. Given Name (F Yueying	Identifying Infor	mation 2. Surname (Last Na Li	me) 3. Date 17-April-2020
4. Are you the co	rresponding author?	Yes 🖌 No	Corresponding Author's Name Shu-Yuan Xiao
		noma: a case report w know it)	ith literature review
Section 2.	The Work Under	Consideration for P	ublication

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Are there any relevant conflicts of interest? Yes	ant conflicts of interest? Yes
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1. Given Name (Fiı Yanyan	rst Name)	2. Surname (Last Name Chen	e) 3. Date 17-April-2020
4. Are you the cori	responding author?	Yes 🖌 No	Corresponding Author's Name Shu-Yuan Xiao
5. Manuscript Title Hepatic lymphoe		noma: a case report with	literature review

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4. Are you the corresponding author?		✓ Yes No	
5. Manuscript Titl Hepatic lympho		inoma: a case report with literature review	
6. Manuscript Ide PCM-19-72	ntifying Number (if you	know it)	

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