

ICMJE DISCLOSURE FORM

Date: May 11, 2021

Your Name: Weiwei Du

Manuscript Title: Clinical Characteristics and Prognosis of Pediatric Medulloblastoma: A Case Study of 40 Patients at Children’s Hospital of Soochow University

Manuscript number (if known): _____

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.

The following questions apply to the author’s relationships/activities/interests as they relate to the **current manuscript only**.

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		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
Time frame: Since the initial planning of the work			
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	__X__ None	
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3	Royalties or licenses	__X__ None	
4	Consulting fees	__X__ None	

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Please summarize the above conflict of interest in the following box:

None.

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Date: May 11, 2021

Your Name: Ye Lu

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Manuscript Title: Clinical Characteristics and Prognosis of Pediatric Medulloblastoma: A Case Study of 40 Patients at Children’s Hospital of Soochow University

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