

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.

1. Identifying information.

2. The work under consideration for publication.

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3. Relevant financial activities outside the submitted work.

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4. Intellectual Property.

This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

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1. Given Name (First Name) Xiu-Ping		2. Surname (Last Name) Zhang	3. Date 19-March-2017	
4. Are you the corresponding author?		Yes 🖌 No	Corresponding Author's Name Shu-Qun Cheng	
5. Manuscript Title		may be the first choice of t	reatment for selected hepatocellular carcinoma patient	
•	ice: surgical resection tumor thrombus	may be the first choice of t	······	

The Work Under Consideration for Publication

Did you or your institution **at any time** receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

🖌 No

Are there any relevant conflicts of interest? Yes

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Are there any relevant conflicts of interest? Yes 🗸 No

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? 🗌 Yes 🖌 No



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Dr. Zhang has nothing to disclose.

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ding author?	Yes 🖌 No	Corresponding Author's Name	
4. Are you the corresponding author?		Corresponding Author's Name Shu-Qun Cheng	
•	may be the first choice of	treatment for selected hepatocellular carcinoma patie	
Number (if you k	now it)		
	thrombus	-	

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1. Given Name (First Name) Shu-Qun		2. Surname (Last Name) Cheng	3. Date 19-March-2017
4. Are you the corresponding author?		✓ Yes No	
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with portal vein tumor thrombus

6. Manuscript Identifying Number (if you know it)

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