

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Instructions

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Peihua	2. Surname (Last Name) Liu	3. Date 07-April-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Xiheng Hu
5. Manuscript Title A hidden ureteral metastasis that originated from prostate cancer: a case report and literature review		
6. Manuscript Identifying Number (if you know it)		

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Dr. Liu has nothing to disclose.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Yafen	2. Surname (Last Name) Xu	3. Date 07-April-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Xiheng Hu
5. Manuscript Title A hidden ureteral metastasis that originated from prostate cancer: a case report and literature review		
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Dr. Xu has nothing to disclose.

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### Section 1. Identifying Information

1. Given Name (First Name)

Xiongbing

2. Surname (Last Name)

Zu

3. Date

07-April-2017

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name

Xiheng Hu

5. Manuscript Title

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1. Given Name (First Name) Bingzhi	2. Surname (Last Name) Wang	3. Date 07-April-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Xiheng Hu
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Xiheng

2. Surname (Last Name)  
Hu

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