

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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4. Intellectual Property.

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

5. Relationships not covered above.

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Royalties: Funds are coming in to you or your institution due to your patent

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

Xiaoxin

2. Surname (Last Name)

Peng

3. Date

25-November-2017

4. Are you the corresponding author?

Yes No

5. Manuscript Title

Adrenal venous sampling as used in a patient with primary pigmented nodular adrenocortical disease

6. Manuscript Identifying Number (if you know it)

Section 2. 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.)?

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Dr. Peng has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Yintao	2. Surname (Last Name) Yu	3. Date 25-November-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Xiaoxin Peng
5. Manuscript Title Adrenal venous sampling as used in a patient with primary pigmented nodular adrenocortical disease		
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Section 1. Identifying Information

1. Given Name (First Name) Yi	2. Surname (Last Name) Ding	3. Date 25-November-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Xiaoxin Peng
5. Manuscript Title Adrenal venous sampling as used in a patient with primary pigmented nodular adrenocortical disease		
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Dr. Ding has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Fang	2. Surname (Last Name) Yang	3. Date 25-November-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Xiaoxin Peng
5. Manuscript Title Adrenal venous sampling as used in a patient with primary pigmented nodular adrenocortical disease		
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Section 1. Identifying Information

1. Given Name (First Name) Cheng	2. Surname (Last Name) Chang	3. Date 25-November-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Xiaoxin Peng
5. Manuscript Title Adrenal venous sampling as used in a patient with primary pigmented nodular adrenocortical disease		
6. Manuscript Identifying Number (if you know it)		

Section 2. 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.)?

Are there any relevant conflicts of interest? Yes No

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Are there any relevant conflicts of interest? Yes No

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Dr. Chang has nothing to disclose.

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