

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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Section 1. Identifying Information

1. Given Name (First Name) Weina	2. Surname (Last Name) Fan	3. Date 20-May-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Fusheng Wu
5. Manuscript Title Esophageal metastasis from endometrial adenocarcinoma: a case report and literature review		
6. Manuscript Identifying Number (if you know it)		

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Dr. Fan has nothing to disclose.

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1. Given Name (First Name) Haiping	2. Surname (Last Name) Jiang	3. Date 20-May-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Fusheng Wu
5. Manuscript Title Esophageal metastasis from endometrial adenocarcinoma: a case report and literature review		
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1. Given Name (First Name)
Haidi

2. Surname (Last Name)
Chen

3. Date
20-May-2018

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Fusheng Wu

5. Manuscript Title

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1. Given Name (First Name) Lingjiao	2. Surname (Last Name) Wu	3. Date 20-May-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Fusheng Wu
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5. Manuscript Title
Esophageal metastasis from endometrial adenocarcinoma: a case report and literature review

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

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Dr. Wu has nothing to disclose.

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