

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) Dengyong	2. Surname (Last Name) Xu	3. Date 23-May-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Da Wang
5. Manuscript Title Multidisciplinary evaluation of locally advanced leiomyosarcoma in the lower rectum: a case report and literature review		
6. Manuscript Identifying Number (if you know it)		

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Are there any relevant conflicts of interest? Yes No

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Section 4. Intellectual Property -- Patents & Copyrights

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Dr. Xu has nothing to disclose.

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4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Da Wang
5. Manuscript Title Multidisciplinary evaluation of locally advanced leiomyosarcoma in the lower rectum: a case report and literature review		
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Dr. Lv has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Linlin	2. Surname (Last Name) Chen	3. Date 23-May-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Da Wang
5. Manuscript Title Multidisciplinary evaluation of locally advanced leiomyosarcoma in the lower rectum: a case report and literature review		
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1. Given Name (First Name)
Fei

2. Surname (Last Name)
Wang

3. Date
23-May-2019

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Da Wang

5. Manuscript Title

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23-May-2019

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Da Wang

5. Manuscript Title

Multidisciplinary evaluation of locally advanced leiomyosarcoma in the lower rectum: a case report and literature review

6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

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1. Given Name (First Name) Xuefeng	2. Surname (Last Name) Huang	3. Date 23-May-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Da Wang
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Wang

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