

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)

Xin

2. Surname (Last Name)

Zhao

3. Date

13-January-2020

4. Are you the corresponding author?

Yes

No

Corresponding Author's Name

Meifen Shen, Jianping Yang

5. Manuscript Title

The fatigue, sleep and physical activity in postoperative patients with pituitary adenoma: what we can do

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Section 1. Identifying Information

1. Given Name (First Name) Ting	2. Surname (Last Name) Wang	3. Date 13-January-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Meifen Shen, Jianping Yang
5. Manuscript Title The fatigue, sleep and physical activity in postoperative patients with pituitary adenoma: what we can do		
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Section 1. Identifying Information

1. Given Name (First Name)
Guixiao

2. Surname (Last Name)
Sheng

3. Date
13-January-2020

4. Are you the corresponding author? Yes No

Corresponding Author's Name
Meifen Shen, Jianping Yang

5. Manuscript Title
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13-January-2020

4. Are you the corresponding author? Yes No

5. Manuscript Title
The fatigue, sleep and physical activity in postoperative patients with pituitary adenoma: what we can do

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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Dr. Yang has nothing to disclose.

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