

## 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)  
Rujuan

2. Surname (Last Name)  
Wang

3. Date  
25-April-2020

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name  
Guoxing Xu

5. Manuscript Title  
Incidence, Treatment, and Survival Analysis in Mediastinal Malignant Teratoma Population

6. Manuscript Identifying Number (if you know it)  
TCR-19-2309

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Dr. Wang has nothing to disclose.

### Evaluation and Feedback

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Hao	2. Surname (Last Name) Li	3. Date 24-April-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Guoxing Xu
5. Manuscript Title Incidence, Treatment, and Survival Analysis in Mediastinal Malignant Teratoma Population		
6. Manuscript Identifying Number (if you know it) TCR-19-2309		

### 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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1. Given Name (First Name) Jie	2. Surname (Last Name) Jiang	3. Date 25-April-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Guoxing Xu
5. Manuscript Title Incidence, Treatment, and Survival Analysis in Mediastinal Malignant Teratoma Population		
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Guoxing

2. Surname (Last Name)  
Xu

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25-April-2020

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