

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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Section 1. Identifying Information

1. Given Name (First Name) Dong	2. Surname (Last Name) Zeng	3. Date 23-August-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name
5. Manuscript Title Clinical characteristics of primary hepatic angiosarcoma outcomes: a SEER database analysis		
6. Manuscript Identifying Number (if you know it)		

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Dr. Zeng has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Xianghua	2. Surname (Last Name) Zeng	3. Date 23-August-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Bo Zhu
5. Manuscript Title Clinical characteristics of primary hepatic angiosarcoma outcomes: a SEER database analysis		
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1. Given Name (First Name) Jun	2. Surname (Last Name) Duan	3. Date 23-August-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Bo Zhu
5. Manuscript Title Clinical characteristics of primary hepatic angiosarcoma outcomes: a SEER database analysis		
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1. Given Name (First Name) Diangang	2. Surname (Last Name) Chen	3. Date 23-August-2020
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Bo

2. Surname (Last Name)

Zhu

3. Date

23-August-2020

4. Are you the corresponding author?

Yes No

5. Manuscript Title

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6. Manuscript Identifying Number (if you know it)

TCR-20-2780

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