

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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Section 1. Identifying Information

1. Given Name (First Name) Huanrui	2. Surname (Last Name) Wang	3. Date 06-December-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Kexin Xu
5. Manuscript Title Anti-GABAB Receptor Antibodies with Autoimmune Encephalitis in clear cell renal cell carcinoma: A Case Report		
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Kexin

2. Surname (Last Name)

Xu

3. Date

06-December-2020

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