

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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Section 1. Identifying Information

1. Given Name (First Name) Xiaohai	2. Surname (Last Name) Liu	3. Date 01-February-2021
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Ge Chen
5. Manuscript Title Pituitary Adenoma or Pituitary Neuroendocrine Tumor: A Narrative Review of Controversy and Perspective		
6. Manuscript Identifying Number (if you know it) TCR-20-3446		

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Dr. Liu has nothing to disclose.

Evaluation and Feedback

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1. Given Name (First Name) Renzhi	2. Surname (Last Name) Wang	3. Date 01-February-2021
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Ge Chen
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