

## ICMJE DISCLOSURE FORM

Date: 23/6/2021

Your Name: Haiyu Niu

Manuscript Title: Gastric Mucosa-associated Lymphoid Tissue Lymphoma with Central Nervous System Involvement: A Case Report and 8-Year Follow-Up

Manuscript number (if known): TCR-21-473-CL

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

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The author's relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

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<b>Time frame: Since the initial planning of the work</b>			
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<b>Time frame: past 36 months</b>			
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3	Royalties or licenses	<input checked="" type="checkbox"/> None	
4	Consulting fees	<input checked="" type="checkbox"/> None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	
11	Stock or stock options	<input checked="" type="checkbox"/> None	
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13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

Please summarize the above conflict of interest in the following box:

None

Please place an "X" next to the following statement to indicate your agreement:

I certify that I have answered every question and have not altered the wording of any of the questions on this form. (X)

## ICMJE DISCLOSURE FORM

Date: 23/6/2021

Your Name: Hanwen Wei

Manuscript Title: Gastric Mucosa-associated Lymphoid Tissue Lymphoma with Central Nervous System Involvement: A Case Report and 8-Year Follow-Up

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Date: 23/6/2021

Your Name: Feixue Song

Manuscript Title: Gastric Mucosa-associated Lymphoid Tissue Lymphoma with Central Nervous System Involvement: A Case Report and 8-Year Follow-Up

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