

ICMJE DISCLOSURE FORM

Date: 2022-2-26
 Your Name: Jianlin Lai
 Manuscript Title: Perioperative Management of Intrahepatic Cholangiocarcinoma Patients With Hereditary Coagulation factor V Deficiency: A Case Report and Literature Review
 Manuscript number (if known): _____

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.

The following questions apply to the author's relationships/activities/interests as they relate to the current manuscript only.

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The author has no conflicts of interest to declare.

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.

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Date: 2022-2-26

Your Name: Junyi Wu

Manuscript Title: Perioperative Management of Intrahepatic Cholangiocarcinoma Patients With Hereditary Coagulation factor V Deficiency: A Case Report and Literature Review

Manuscript number (if known): _____

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Date: 2022-2-26
 Your Name: Yangyang Huang
 Manuscript Title: Perioperative Management of Intrahepatic Cholangiocarcinoma Patients With Hereditary Coagulation factor V Deficiency: A Case Report and Literature Review
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Date: 2022-2-26

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Date: 2022-2-26

Your Name: Yannan Bai

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Date: 2022-2-26
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