

ICMJE DISCLOSURE FORM

Date: Oct. 21st 2022
 Your Name: Liang Han
 Manuscript Title: Mysterious bone pain caused by tumor-induced osteomalacia with multiple tumors interfering with diagnosis: A case report
 Manuscript number (if known): TCR-22-2116

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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Time frame: past 36 months			
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3	Royalties or licenses	☒ None	
4	Consulting fees	☒ None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	☒ X ☐ None	
6	Payment for expert testimony	☒ X ☐ None	
7	Support for attending meetings and/or travel	☐ X ☐ None	
8	Patents planned, issued or pending	☐ X ☐ None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	☐ X ☐ None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	☐ X ☐ None	
11	Stock or stock options	☐ X ☐ None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	☐ X ☐ None	
13	Other financial or non-financial interests	☐ X ☐ 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:

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

ICMJE DISCLOSURE FORM

Date: Oct. 21st 2022
 Your Name: Yu Wang
 Manuscript Title: Mysterious bone pain caused by tumor-induced osteomalacia with multiple tumors interfering with diagnosis: A case report
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ICMJE DISCLOSURE FORM

Date: Oct. 21st 2022
 Your Name: Yao Huang
 Manuscript Title: Mysterious bone pain caused by tumor-induced osteomalacia with multiple tumors interfering with diagnosis: A case report
 Manuscript number (if known): TCR-22-2116

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ICMJE DISCLOSURE FORM

Date: Oct. 21st 2022
 Your Name: Jiahui Yan
 Manuscript Title: Mysterious bone pain caused by tumor-induced osteomalacia with multiple tumors interfering with diagnosis: A case report
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ICMJE DISCLOSURE FORM

Date: Oct. 21st 2022
 Your Name: Tingting Li
 Manuscript Title: Mysterious bone pain caused by tumor-induced osteomalacia with multiple tumors interfering with diagnosis: A case report
 Manuscript number (if known): TCR-22-2116

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ICMJE DISCLOSURE FORM

Date: Oct. 21st 2022
 Your Name: Xin Ba
 Manuscript Title: Mysterious bone pain caused by tumor-induced osteomalacia with multiple tumors interfering with diagnosis: A case report
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ICMJE DISCLOSURE FORM

Date: Oct. 21st 2022
 Your Name: Weiji Lin
 Manuscript Title: Mysterious bone pain caused by tumor-induced osteomalacia with multiple tumors interfering with diagnosis: A case report
 Manuscript number (if known): TCR-22-2116

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ICMJE DISCLOSURE FORM

Date: Oct. 21st 2022
 Your Name: Ying Huang
 Manuscript Title: Mysterious bone pain caused by tumor-induced osteomalacia with multiple tumors interfering with diagnosis: A case report
 Manuscript number (if known): TCR-22-2116

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ICMJE DISCLOSURE FORM

Date: Oct. 21st 2022
 Your Name: Zhe Chen
 Manuscript Title: Mysterious bone pain caused by tumor-induced osteomalacia with multiple tumors interfering with diagnosis: A case report
 Manuscript number (if known): TCR-22-2116

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ICMJE DISCLOSURE FORM

Date: Oct. 21st 2022

Your Name: Shenghao Tu

Manuscript Title: Mysterious bone pain caused by tumor-induced osteomalacia with multiple tumors interfering with diagnosis: A case report

Manuscript number (if known): TCR-22-2116

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ICMJE DISCLOSURE FORM

Date: Oct. 21st 2022
 Your Name: Kai Qin
 Manuscript Title: Mysterious bone pain caused by tumor-induced osteomalacia with multiple tumors interfering with diagnosis: A case report
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Please place an "X" next to the following statement to indicate your agreement:

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