

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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Section 1. Identifying Information

1. Given Name (First Name) Qing	2. Surname (Last Name) Zhang	3. Date 13-January-2016
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Rong Xu
5. Manuscript Title A case of tuberculom sellae meningioma with "beak of Kiwi bird" enhancement in MRI: surgical resection and nursing care		
6. Manuscript Identifying Number (if you know it)		

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Dr. Zhang has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Hailiang	2. Surname (Last Name) Tang	3. Date 13-January-2016
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Rong Xu
5. Manuscript Title A case of tuberculom sellae meningioma with "beak of Kiwi bird" enhancement in MRI: surgical resection and nursing care		
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Section 1. Identifying Information

1. Given Name (First Name)
Rong

2. Surname (Last Name)
Xu

3. Date
13-January-2016

4. Are you the corresponding author? Yes No

5. Manuscript Title

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1. Given Name (First Name)
Ye

2. Surname (Last Name)
Gong

3. Date
13-January-2016

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Rong Xu

5. Manuscript Title

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