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Date: 2023-11-01 _____

Your Name: Yao Wei _____

Manuscript Title: Bilateral Wilms' tumor: 10-year experience from a single center in China _____

Manuscript number (if known): _____

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Time frame: past 36 months			
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Please place an "X" next to the following statement to indicate your agreement:

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ICMJE DISCLOSURE FORM

Date: 2023-11-01
 Your Name: Wen Shuting
 Manuscript Title: Bilateral Wilms' tumor: 10-year experience from a single center in China
 Manuscript number (if known): _____

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Date: 2023-11-01
 Your Name: Li Kai
 Manuscript Title: Bilateral Wilms' tumor: 10-year experience from a single center in China
 Manuscript number (if known): _____

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Date: 2023-11-01

Your Name: Shen Jian

Manuscript Title: Bilateral Wilms' tumor: 10-year experience from a single center in China

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Date: 2023-11-01
 Your Name: Dong Rui
 Manuscript Title: Bilateral Wilms' tumor: 10-year experience from a single center in China
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