

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Instructions

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#### 2. The work under consideration for publication.

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This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

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### Section 1. Identifying Information

1. Given Name (First Name) Yuandong	2. Surname (Last Name) Cao	3. Date 15-January-2016
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Xinchen Sun
5. Manuscript Title An unusual clearance of primary pediatric fibrosarcoma of the right parietal lobe after surgery and radiation therapy		
6. Manuscript Identifying Number (if you know it)		

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Dr. Cao has nothing to disclose.

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1. Given Name (First Name) Sheng	2. Surname (Last Name) Zhang	3. Date 15-January-2016
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Xinchen Sun
5. Manuscript Title An unusual clearance of primary pediatric fibrosarcoma of the right parietal lobe after surgery and radiation therapy		
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1. Given Name (First Name) Hongcheng	2. Surname (Last Name) Zhu	3. Date 15-January-2016
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Xinchen Sun
5. Manuscript Title An unusual clearance of primary pediatric fibrosarcoma of the right parietal lobe after surgery and radiation therapy		
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1. Given Name (First Name) Nan	2. Surname (Last Name) Jiang	3. Date 15-January-2016
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Xinchen Sun
5. Manuscript Title An unusual clearance of primary pediatric fibrosarcoma of the right parietal lobe after surgery and radiation therapy		
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**Other:** Anything not covered under the previous three boxes

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**Royalties:** Funds are coming in to you or your institution due to your patent



## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Xiaolin	2. Surname (Last Name) Ge	3. Date 15-January-2016
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Xinchen Sun
5. Manuscript Title An unusual clearance of primary pediatric fibrosarcoma of the right parietal lobe after surgery and radiation therapy		
6. Manuscript Identifying Number (if you know it)		

### Section 2. The Work Under Consideration for Publication

Did you or your institution **at any time** receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

Are there any relevant conflicts of interest?  Yes  No

### Section 3. Relevant financial activities outside the submitted work.

Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the "Add +" box. You should report relationships that were **present during the 36 months prior to publication**.

Are there any relevant conflicts of interest?  Yes  No

### Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  Yes  No

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#### 1. Identifying information.

#### 2. The work under consideration for publication.

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#### 4. Intellectual Property.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Qingxia	2. Surname (Last Name) Mu	3. Date 15-January-2016
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Xinchen Sun
5. Manuscript Title An unusual clearance of primary pediatric fibrosarcoma of the right parietal lobe after surgery and radiation therapy		
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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
Xinchen

2. Surname (Last Name)  
Sun

3. Date  
15-January-2016

4. Are you the corresponding author?  Yes  No

5. Manuscript Title  
An unusual clearance of primary pediatric fibrosarcoma of the right parietal lobe after surgery and radiation therapy

6. Manuscript Identifying Number (if you know it)

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