

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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Section 1. Identifying Information

1. Given Name (First Name)

Suqin

2. Surname (Last Name)

Cai

3. Date

02-July-2016

4. Are you the corresponding author?

Yes

No

Corresponding Author's Name

Xingfu Wang

5. Manuscript Title

Meningeal angiosarcoma: a case report and review of the literature

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Dr. Cai has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)

Chunlin

2. Surname (Last Name)

Wu

3. Date

02-July-2016

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Xingfu Wang

5. Manuscript Title

Meningeal angiosarcoma: a case report and review of the literature

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Dr. Wu has nothing to disclose.

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1. Given Name (First Name)
Sheng

2. Surname (Last Name)
Zhang

3. Date
02-July-2016

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Xingfu Wang

5. Manuscript Title
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Section 1. Identifying Information

1. Given Name (First Name) Shanshan	2. Surname (Last Name) Cai	3. Date 02-July-2016
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Xingfu Wang
5. Manuscript Title Meningeal angiosarcoma: a case report and review of the literature		
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02-July-2016

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