

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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3. Relevant financial activities outside the submitted work.

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4. Intellectual Property.

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

5. Relationships not covered above.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

Jing

2. Surname (Last Name)

Liu

3. Date

12-June-2019

4. Are you the corresponding author?

Yes No

5. Manuscript Title

A case of unfractionated heparin-induced thrombocytopenia during the treatment of a gastric stromal tumor

6. Manuscript Identifying Number (if you know it)

AOB-19-9

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest? Yes No

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Dr. Liu has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Jiali	2. Surname (Last Name) Wang	3. Date 12-June-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Jing Liu
5. Manuscript Title A case of unfractionated heparin-induced thrombocytopenia during the treatment of a gastric stromal tumor		
6. Manuscript Identifying Number (if you know it) AOB-19-9		

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Section 1. Identifying Information

1. Given Name (First Name) Jing	2. Surname (Last Name) Deng	3. Date 12-June-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Jing Liu
5. Manuscript Title A case of unfractionated heparin-induced thrombocytopenia during the treatment of a gastric stromal tumor		
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Dr. Deng has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Xiuzhang	2. Surname (Last Name) Xu	3. Date 12-June-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Jing Liu
5. Manuscript Title A case of unfractionated heparin-induced thrombocytopenia during the treatment of a gastric stromal tumor		
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Section 1. Identifying Information

1. Given Name (First Name) Yuan	2. Surname (Last Name) Shao	3. Date 12-June-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Jing Liu
5. Manuscript Title A case of unfractionated heparin-induced thrombocytopenia during the treatment of a gastric stromal tumor		
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Section 1. Identifying Information

1. Given Name (First Name) Yangkai	2. Surname (Last Name) Chen	3. Date 12-June-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Jing Liu
5. Manuscript Title A case of unfractionated heparin-induced thrombocytopenia during the treatment of a gastric stromal tumor		
6. Manuscript Identifying Number (if you know it) AOB-19-9		

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Are there any relevant conflicts of interest? Yes No

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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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Dr. Chen has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Haoqiang	2. Surname (Last Name) Ding	3. Date 12-June-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Jing Liu
5. Manuscript Title A case of unfractionated heparin-induced thrombocytopenia during the treatment of a gastric stromal tumor		
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Are there any relevant conflicts of interest? Yes No

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Dawei	2. Surname (Last Name) Chen	3. Date 12-June-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Jing Liu
5. Manuscript Title A case of unfractionated heparin-induced thrombocytopenia during the treatment of a gastric stromal tumor		
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ICMJE Form for Disclosure of Potential Conflicts of Interest

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1. Given Name (First Name) Xin	2. Surname (Last Name) Ye	3. Date 12-June-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Jing Liu
5. Manuscript Title A case of unfractionated heparin-induced thrombocytopenia during the treatment of a gastric stromal tumor		
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1. Given Name (First Name) Wenjie	2. Surname (Last Name) Xia	3. Date 12-June-2019
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