

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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4. Intellectual Property.

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Section 1. Identifying Information

1. Given Name (First Name) Ji	2. Surname (Last Name) Feng	3. Date 17-April-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Xingshun Qi
5. Manuscript Title Spider nevus in the stomach		
6. Manuscript Identifying Number (if you know it) ACR-20-6		

Section 2. The Work Under Consideration for Publication

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Dr. Feng has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Xiaodong	2. Surname (Last Name) Shao	3. Date 17-April-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Xingshun Qi
5. Manuscript Title Spider nevus in the stomach		
6. Manuscript Identifying Number (if you know it) ACR-20-6		

Section 2. The Work Under Consideration for Publication

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Dr. Shao has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
Xiaozhong

2. Surname (Last Name)
Guo

3. Date
17-April-2020

4. Are you the corresponding author? Yes No

Corresponding Author's Name
Xingshun Qi

5. Manuscript Title
Spider nevus in the stomach

6. Manuscript Identifying Number (if you know it)
ACR-20-6

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Xingshun

2. Surname (Last Name)
Qi

3. Date
17-April-2020

4. Are you the corresponding author? Yes No

5. Manuscript Title
Spider nevus in the stomach

6. Manuscript Identifying Number (if you know it)
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