

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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Section 1. Identifying Information

1. Given Name (First Name) Wenjing	2. Surname (Last Name) Wang	3. Date 23-November-2020
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Qing Chen; Xiaofeng Zhu
5. Manuscript Title Two case reports of rare diseases occurring in rare parts: Splenic vein solitary fibrous tumor and Liver solitary fibrous tumor		
6. Manuscript Identifying Number (if you know it) ACR-20-142		

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Are there any relevant conflicts of interest? ☐ Yes ☒ No

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Dr. Wang has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Banghe	2. Surname (Last Name) Bao	3. Date 23-November-2020
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Qing Chen; Xiaofeng Zhu
5. Manuscript Title Two case reports of rare diseases occurring in rare parts: Splenic vein solitary fibrous tumor and Liver solitary fibrous tumor		
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Are there any relevant conflicts of interest? ☐ Yes ☒ No

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Dr. Bao has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)

Xiaofeng

2. Surname (Last Name)

Zhu

3. Date

23-November-2020

4. Are you the corresponding author?

☒ Yes ☐ No

5. Manuscript Title

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6. Manuscript Identifying Number (if you know it)

ACR-20-142

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Identifying Information

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Qing

2. Surname (Last Name)

Chen

3. Date

23-November-2020

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☒ Yes ☐ No

5. Manuscript Title

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