

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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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Xiaopu	2. Surname (Last Name) Wang	3. Date 18-March-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Xinqun Hu
5. Manuscript Title Pulmonary Artery Sarcoma Feigning Pulmonary Thromboembolism		
6. Manuscript Identifying Number (if you know it) CDT-19-711-R1		

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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Section 6. Disclosure Statement

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Dr. Wang has nothing to disclose.

Evaluation and Feedback

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ICMJJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Junyu	2. Surname (Last Name) Pei	3. Date 18-March-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Xinqun Hu
5. Manuscript Title Pulmonary Artery Sarcoma Feigning Pulmonary Thromboembolism		
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Are there any relevant conflicts of interest? Yes No

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1. Given Name (First Name)

Zhenhua

2. Surname (Last Name)

Xing

3. Date

18-March-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Xinqun Hu

5. Manuscript Title

Pulmonary Artery Sarcoma Feigning Pulmonary Thromboembolism

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Hu

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