ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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# ICMJE Form for Disclosure of Potential Conflicts of Interest

## Section 1. Identifying Information

1. Given Name (First Name) | zhibin
2. Surname (Last Name) | HOU
3. Date | 19-March-2020
4. Are you the corresponding author? | Yes
5. Manuscript Title | Retroperitoneal malignant triton tumor in an infant: a case report and literature review
6. Manuscript Identifying Number (if you know it) | TP-20-83

## Section 2. The Work Under Consideration for Publication

Did you or your institution at any time receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)? Are there any relevant conflicts of interest? Yes | No

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1. Given Name (First Name)  
   chun xiang

2. Surname (Last Name)  
   wang

3. Date  
   19-March-2020

4. Are you the corresponding author?  
   ☑ Yes    ☐ No

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<td>2. Surname (Last Name)</td>
<td>Li</td>
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   lu

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   Dong

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