ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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Section 1. Identifying Information

1. Given Name (First Name)  
   Jie

2. Surname (Last Name)  
   Wu

3. Date  
   15-May-2020

4. Are you the corresponding author?  
   Yes  
   ✔  No

Corresponding Author’s Name  
Dong-Liang Lin, Xiao-Ming Xing

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</tr>
</thead>
<tbody>
<tr>
<td>Xiang-Yan</td>
<td>Zhang</td>
<td>15-May-2020</td>
</tr>
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Li-Li

2. Surname (Last Name)  
Wang

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Section 1. Identifying Information

1. Given Name (First Name) 
   Yu-Jing

2. Surname (Last Name) 
   Xiao

3. Date 
   15-May-2020

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

Corresponding Author’s Name
   Dong-Liang Lin, Xiao-Ming Xing

5. Manuscript Title
   Indolent T cell lymphoproliferative disorder of the gastrointestinal tract: an uncommon case with lymph node involvement and the classic Hodgkin’s lymphoma

6. Manuscript Identifying Number (if you know it)
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Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest?  
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Dr. Xiao has nothing to disclose.

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   Xiao-Ming

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