ICMJE DISCLOSURE FORM

Date: 202-12-07
Your Name: Zonghan XU
Manuscript Title: Clinical and molecular features of sacrum chordoma in Chinese patients
Manuscript number (if known): -

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. “Related” means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

The following questions apply to the author’s relationships/activities/interests as they relate to the current manuscript only.

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In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

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|---|------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|
| 1 | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.). No time limit for this item. | None                                                                                     |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above).                  | None                                                                                     |
| 3 | Royalties or licenses                                                                     | None                                                                                     |
| 4 | Consulting fees                                                                          | None                                                                                     |
|   | Description                                                                 | Answer |
|---|-----------------------------------------------------------------------------|--------|
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | None   |
| 6 | Payment for expert testimony                                                | None   |
| 7 | Support for attending meetings and/or travel                                | None   |
| 8 | Patents planned, issued or pending                                           | None   |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board            | None   |
|10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | None   |
|11 | Stock or stock options                                                       | None   |
|12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | None   |
|13 | Other financial or non-financial interests                                   | None   |

Please summarize the above conflict of interest in the following box:

None

Please place an “X” next to the following statement to indicate your agreement:

_X_ I certify that I have answered every question and have not altered the wording of any of the questions on this form.
ICMJE DISCLOSURE FORM

Date: 202-12-07
Your Name: Ling Zhang
Manuscript Title: Clinical and molecular features of sacrum chordoma in Chinese patients
Manuscript number (if known): -

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Time frame: Since the initial planning of the work

|   | Time frame: past 36 months |                                                                 |
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| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | None |
| 3 | Royalties or licenses | None |
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ICMJE DISCLOSURE FORM

Date: 202-12-07
Your Name: Lijun Wen
Manuscript Title: Clinical and molecular features of sacrum chordoma in Chinese patients
Manuscript number (if known): -

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**Time frame: Since the initial planning of the work**

|   | | |
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**Time frame: past 36 months**

|   | | |
|---|---|---|
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | None |
| 3 | Royalties or licenses | None |
| 4 | Consulting fees | None |
|   |   |   |
|---|---|---|
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | None |
| 6 | Payment for expert testimony | None |
| 7 | Support for attending meetings and/or travel | None |
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ICMJE DISCLOSURE FORM

Date: 202-12-07
Your Name: Hongying Chao
Manuscript Title: Clinical and molecular features of sacrum chordoma in Chinese patients
Manuscript number (if known): -

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**No time limit for this item.** | ____None                                                                          |

**Time frame: Since the initial planning of the work**

| 2 | **Grants or contracts from any entity (if not indicated in item #1 above).** | ____None                                                                          |
| 3 | **Royalties or licenses** | ____None                                                                          |
| 4 | **Consulting fees** | ____None                                                                          |

**Time frame: past 36 months**
|   | Description                                                                 | Answer |
|---|-----------------------------------------------------------------------------|--------|
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | None   |
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| 11| Stock or stock options                                                      | None   |
| 12| Receipt of equipment, materials, drugs, medical writing, gifts or other services | None   |
| 13| Other financial or non-financial interests                                  | None   |

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**ICMJE DISCLOSURE FORM**

Date: 202-12-07  
Your Name: Qinrong Wang  
Manuscript Title: Clinical and molecular features of sacrum chordoma in Chinese patients  
Manuscript number (if known): -

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| 2 | Grants or contracts from any entity (if not indicated in item #1 above).                         | ___None                                                                       |   |
| 3 | Royalties or licenses                                                                            | ___None                                                                       |   |
| 4 | Consulting fees                                                                                 | ___None                                                                       |   |
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| 11| Stock or stock options                                                       | None   |
| 12| Receipt of equipment, materials, drugs, medical writing, gifts or other services | None   |
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Date: 202-12-07
Your Name: Miao Sun
Manuscript Title: Clinical and molecular features of sacrum chordoma in Chinese patients
Manuscript number (if known): -

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| 3 | Royalties or licenses                                                                       | ____None                                                                         |
| 4 | Consulting fees                                                                             | ____None                                                                         |
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Date: 202-12-07
Your Name: Hongjie Shen
Manuscript Title: Clinical and molecular features of sacrum chordoma in Chinese patients
Manuscript number (if known): -

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|   | **No time limit for this item.**                                                                |                                                                                  |
|   |                                                                                                 |                                                                                  |
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|   | **Time frame: past 36 months**                                                                  |                                                                                  |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above).                       | ____None                                                                         |
| 3 | Royalties or licenses                                                                           | ____None                                                                         |
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Date: 202-12-07
Your Name: Suning Chen
Manuscript Title: Clinical and molecular features of sacrum chordoma in Chinese patients
Manuscript number (if known): -

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ICMJE DISCLOSURE FORM

Date: 202-12-07
Your Name: Zheng Wang
Manuscript Title: Clinical and molecular features of sacrum chordoma in Chinese patients
Manuscript number (if known): -

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Date: 202-12-07  
Your Name: Jian Lu  
Manuscript Title: Clinical and molecular features of sacrum chordoma in Chinese patients  
Manuscript number (if known): -

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| 3     | Royalties or licenses                                                                          | None                                                                            |
| 4     | Consulting fees                                                                                | None                                                                            |
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