ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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Section 1. Identifying Information

1. Given Name (First Name)  Hong
2. Surname (Last Name)  Yu
3. Date  01-April-2020

4. Are you the corresponding author?  Yes  No

Corresponding Author’s Name  Zhi-Gang Yang

5. Manuscript Title
Primary left ventricular neuroendocrine tumor in a middle-aged female: a case report

6. Manuscript Identifying Number (if you know it)
ATM-20-3049

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Dr. Yu has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  
Rong

2. Surname (Last Name)  
Xu

3. Date  
05-April-2020

4. Are you the corresponding author?  
☐ Yes  ☑ No  
Corresponding Author's Name  
Zhi-Gang Yang

5. Manuscript Title  
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ATM-20-3049

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Section 1. Identifying Information

1. Given Name (First Name)  
   Dan

2. Surname (Last Name)  
   Wen

3. Date  
   05-April-2020

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

   Corresponding Author’s Name  
   Zhi-Gang Yang

5. Manuscript Title  
   Primary left ventricular neuroendocrine tumor in a middle-aged female: a case report

6. Manuscript Identifying Number (if you know it)  
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Dr. Wen has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  
Heng

2. Surname (Last Name)  
Liu

3. Date  
05-April-2020

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

   Corresponding Author’s Name  
   Zhi-Gang Yang

5. Manuscript Title  
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6. Manuscript Identifying Number (if you know it)  
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Section 1. Identifying Information

1. Given Name (First Name)  Ji
2. Surname (Last Name)  Li
3. Date  05-April-2020
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   Corresponding Author's Name  Zhi-Gang Yang
5. Manuscript Title
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   For grants you have received for work outside the submitted work, you should disclose support ONLY from entities that could be perceived to be affected financially by the published work, such as drug companies, or foundations supported by entities that could be perceived to have a financial stake in the outcome. Public funding sources, such as government agencies, charitable foundations or academic institutions, need not be disclosed. For example, if a government agency sponsored a study in which you have been involved and drugs were provided by a pharmaceutical company, you need only list the pharmaceutical company.

4. **Intellectual Property.**

   This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

5. **Relationships not covered above.**

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**Definitions.**

- **Entity:** government agency, foundation, commercial sponsor, academic institution, etc.
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- **Other:** Anything not covered under the previous three boxes.
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- **Royalties:** Funds are coming in to you or your institution due to your patent.
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Section 1. Identifying Information

1. Given Name (First Name)  
Yu-Lun

2. Surname (Last Name)  
He

3. Date  
05-April-2020

4. Are you the corresponding author?  
☑ Yes  ☐ No  
Corresponding Author’s Name  
Zhi-Gang Yang

5. Manuscript Title  
Primary left ventricular neuroendocrine tumor in a middle-aged female: a case report

6. Manuscript Identifying Number (if you know it)  
ATM-20-3049

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

Section 3. Relevant financial activities outside the submitted work.

Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the “Add +” box. You should report relationships that were present during the 36 months prior to publication.  
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☐ Yes  ☑ No

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Dr. He has nothing to disclose.

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1. Identifying information.

2. The work under consideration for publication.

This section asks for information about the work that you have submitted for publication. The time frame for this reporting is that of the work itself, from the initial conception and planning to the present. The requested information is about resources that you received, either directly or indirectly (via your institution), to enable you to complete the work. Checking “No” means that you did the work without receiving any financial support from any third party -- that is, the work was supported by funds from the same institution that pays your salary and that institution did not receive third-party funds with which to pay you. If you or your institution received funds from a third party to support the work, such as a government granting agency, charitable foundation or commercial sponsor, check “Yes”.

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**Section 1. Identifying Information**

| 1. Given Name (First Name) | 2. Surname (Last Name) | 3. Date          |
|---------------------------|------------------------|------------------|
| Gan-Jun                   | Song                   | 05-April-2020    |

| 4. Are you the corresponding author? | 5. Manuscript Title |
|-------------------------------------|---------------------|
| Yes                                 | Primary left ventricular neuroendocrine tumor in a middle-aged female: a case report |

| 6. Manuscript Identifying Number (if you know it) |
|--------------------------------------------------|
| ATM-20-3049                                      |

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Are there any relevant conflicts of interest?

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|-----|----|
|     | ✓  |

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Are there any relevant conflicts of interest?

| Yes | No |
|-----|----|
|     | ✓  |

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Do you have any patents, whether planned, pending or issued, broadly relevant to the work?

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|-----|----|
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Dr. Song has nothing to disclose.

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1. Given Name (First Name)  
Zhi-Gang

2. Surname (Last Name)  
Yang

3. Date  
05-April-2020

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✔ Yes  
No

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✔ No

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✔ No

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