ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

The purpose of this form is to provide readers of your manuscript with information about your other interests that could influence how they receive and understand your work. The form is designed to be completed electronically and stored electronically. It contains programming that allows appropriate data display. Each author should submit a separate form and is responsible for the accuracy and completeness of the submitted information. The form is in six parts.

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Zeng
ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  Jiping
2. Surname (Last Name)  Zeng
3. Date  06-October-2020
4. Are you the corresponding author?  Yes  No  ✔
   Corresponding Author’s Name  Juan Chipollini
5. Manuscript Title  Leiomyosarcoma of the scrotum: a case report and literature review
6. Manuscript Identifying Number (if you know it)  TAU-20-1184-R1

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

Section 3. Relevant financial activities outside the submitted work.

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Are there any relevant conflicts of interest?  Yes  ✔  No

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  Yes  ✔  No
Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?

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Dr. Zeng has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Grant
2. Surname (Last Name) Pollock
3. Date 06-November-2020
4. Are you the corresponding author? ☐ Yes ☑ No
   Corresponding Author’s Name Juan Chipollini
5. Manuscript Title
   Leiomyosarcoma of the scrotum: a case report and literature review
6. Manuscript Identifying Number (if you know it)
   TAU-20-1184-R1

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Dr. Pollock has nothing to disclose.

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**Section 1. Identifying Information**

1. Given Name (First Name)  
   Joel  

2. Surname (Last Name)  
   Addams  

3. Date  
   05-November-2020  

4. Are you the corresponding author?  
   Yes  
   No  

   Corresponding Author’s Name  
   Juan Chipollini  

5. Manuscript Title  
   Leiomyosarcoma of the scrotum: a case report and literature review  

6. Manuscript Identifying Number (if you know it)  
   TAU-20-1184-R1

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Dr. Addams has nothing to disclose.

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## Section 1. Identifying Information

1. **Given Name (First Name)**
   - Erika

2. **Surname (Last Name)**
   - Bracamonte

3. **Date**
   - 06-November-2020

4. **Are you the corresponding author?**
   - Yes [✔]

   **Corresponding Author’s Name**
   - Juan Chipollini

5. **Manuscript Title**
   - Leiomyosarcoma of the scrotum: a case report and literature review

6. **Manuscript Identifying Number (if you know it)**
   - TAU-20-1184-R1

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Dr. Bracamonte has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
   Juan

2. Surname (Last Name)  
   Chipollini

3. Date  
   04-November-2020

4. Are you the corresponding author?  
   ✔ Yes  ❏ No

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

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