

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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Section 1. Identifying Information

1. Given Name (First Name) Lei	2. Surname (Last Name) Feng	3. Date 11-August-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Liping Chen
5. Manuscript Title Xanthogranulomatous cholecystitis: experience in 100 cases		
6. Manuscript Identifying Number (if you know it)		

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Dr. Feng has nothing to disclose.

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1. Given Name (First Name) Zhen	2. Surname (Last Name) You	3. Date 11-August-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Liping Chen
5. Manuscript Title Xanthogranulomatous cholecystitis: experience in 100 cases		
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Dr. You has nothing to disclose.

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1. Given Name (First Name) Junhe	2. Surname (Last Name) Gou	3. Date 11-August-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Liping Chen
5. Manuscript Title Xanthogranulomatous cholecystitis: experience in 100 cases		
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