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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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Chunxiu
2. Surname (Last Name) Yang
3. Date 17-April-2020

4. Are you the corresponding author? [ ] Yes [✓] No
   Corresponding Author’s Name
   Shu-Yuan Xiao

5. Manuscript Title
   Hepatic lymphoepithelioma-like carcinoma: a case report with literature review

6. Manuscript Identifying Number (if you know it)
   PCM-19-72

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Dr. Yang 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) | Yueying |
| 2. Surname (Last Name) | Li |
| 3. Date | 17-April-2020 |
| 4. Are you the corresponding author? | Yes | No |
| 5. Manuscript Title | Hepatic lymphoepithelioma-like carcinoma: a case report with literature review |
| 6. Manuscript Identifying Number (if you know it) | PCM-19-72 |

## Section 2. The Work Under Consideration for Publication

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Dr. Li has nothing to disclose.

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<tr>
<th>1. Given Name (First Name)</th>
<th>Yanyan</th>
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</thead>
<tbody>
<tr>
<td>2. Surname (Last Name)</td>
<td>Chen</td>
</tr>
<tr>
<td>3. Date</td>
<td>17-April-2020</td>
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<tr>
<td>4. Are you the corresponding author?</td>
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**Section 1. Identifying Information**

1. Given Name (First Name)  
   Shu-Yuan

2. Surname (Last Name)  
   Xiao

3. Date  
   15-April-2020

4. Are you the corresponding author?  
   Yes ✔ No

5. Manuscript Title  
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