ICMJE Form for Disclosure of Potential Conflicts of Interest

**Instructions**

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Section 1. Identifying Information

1. Given Name (First Name) Ting
2. Surname (Last Name) Sun
3. Date 23-June-2020
4. Are you the corresponding author? ☑ No
   Corresponding Author’s Name Shao-Bo Xie
5. Manuscript Title
   Congenital multiple pericardial cysts mimicking pleural effusion on imaging
6. Manuscript Identifying Number (if you know it) QIIMS-20-717

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? ☑ No

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Dr. Sun has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Jie-Zhou
2. Surname (Last Name) Huang
3. Date 23-June-2020

4. Are you the corresponding author? ☑ No
   Corresponding Author’s Name Shao-Bo Xie

5. Manuscript Title
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Section 2. The Work Under Consideration for Publication

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<td>Guo-Liang</td>
<td>Lu</td>
<td>23-June-2020</td>
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Corresponding Author’s Name

Shao-Bo Xie

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<td>Xie</td>
<td>23-June-2020</td>
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   - Yes [✓]
   - No [ ]

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