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.

1. Identifying information.
2. The work under consideration for publication.
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Section 1. Identifying Information

1. Given Name (First Name)  
   Haidong

2. Surname (Last Name)  
   Chen

3. Date  
   18-February-2021

4. Are you the corresponding author?  
   ☑ No

Corresponding Author's Name
   Jiamin Li

5. Manuscript Title  
   Bamboo Toothpick Migration To The Liver Causing Paroxysmal Pain

6. Manuscript Identifying Number (if you know it)  
   QIMS-20-1202

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Dr. Chen has nothing to disclose.

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**Section 1. Identifying Information**

<table>
<thead>
<tr>
<th>Given Name (First Name)</th>
<th>Surname (Last Name)</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yanping</td>
<td>Wang</td>
<td>18-February-2021</td>
</tr>
</tbody>
</table>

4. Are you the corresponding author? [ ] Yes  ✔ No

5. Manuscript Title
Bamboo Toothpick Migration To The Liver Causing Paroxysmal Pain

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**Section 2. The Work Under Consideration for Publication**

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Dr. Wang has nothing to disclose.

Evaluation and Feedback

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1. Given Name (First Name)  
   Rong

2. Surname (Last Name)  
   Zhou

3. Date  
   18-February-2021

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

5. Manuscript Title  
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   Jiamin

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   Li

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