

ICMJE DISCLOSURE FORM

Date: 28/02/2021

Your Name: Xiaol Sun

Manuscript Title: Unicentric Castleman disease: Multidetector computed tomography classification with surgical and pathologic correlation

Manuscript number (if known): QIMS-20-1033

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

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Time frame: past 36 months			
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Please summarize the above conflict of interest in the following box:

The author has no conflicts of interest to declare.

Please place an “X” next to the following statement to indicate your agreement:

X I certify that I have answered every question and have not altered the wording of any of the questions on this

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Date: 28/02/2021

Your Name: Ye Du

Manuscript Title: Unicentric Castleman disease: Multidetector computed tomography classification with surgical and pathologic correlation

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ICMJE DISCLOSURE FORM

Date: 28/02/2021

Your Name: Ying Zhang

Manuscript Title: Unicentric Castleman disease: Multidetector computed tomography classification with surgical and pathologic correlation

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Date: 28/02/2021

Your Name: Rengui Wang

Manuscript Title: Unicentric Castleman disease: Multidetector computed tomography classification with surgical and pathologic correlation

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Date: 28/02/2021

Your Name: Dailun Hou

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