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) Ji
2. Surname (Last Name) Feng
3. Date 17-April-2020
4. Are you the corresponding author? ☑ No
   Corresponding Author’s Name Xingshun Qi
5. Manuscript Title Spider nevus in the stomach
6. Manuscript Identifying Number (if you know it) ACR-20-6

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Dr. Feng has nothing to disclose.

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**Section 1. Identifying Information**

1. Given Name (First Name)  
Xiaodong

2. Surname (Last Name)  
Shao

3. Date  
17-April-2020

4. Are you the corresponding author?  
No

Corresponding Author's Name  
Xingshun Qi

5. Manuscript Title  
Spider nevus in the stomach

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

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Dr. Shao has nothing to disclose.

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1. Given Name (First Name)
   Xiaozhong

2. Surname (Last Name)
   Guo

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   17-April-2020

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   Xingshun Qi

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Dr. Guo has nothing to disclose.

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<thead>
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<tr>
<td>1. Given Name (First Name)</td>
<td>Xingshun</td>
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<tr>
<td>2. Surname (Last Name)</td>
<td>Qi</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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</tr>
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1. Given Name (First Name)  Zhendong
2. Surname (Last Name)  Liang
3. Date  17-April-2020

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

Corresponding Author's Name
Xingshun Qi

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Dr. Liang has nothing to disclose.

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