



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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2. The work under consideration for publication.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

Danhua

2. Surname (Last Name)

Shen

3. Date

26-December-2023

4. Are you the corresponding author?

☒ Yes

☐ No

5. Manuscript Title

Misdiagnosis of synovial sarcoma: A case report and literature review of cellular myofibroblast with SRF: RELA Gene Fusion

6. Manuscript Identifying Number (if you know it)

89736

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Are there any relevant conflicts of interest?

☐ Yes

☒ No

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Section 4. Intellectual Property -- Patents & Copyrights

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MEDICAL JOURNAL EDITORS**ICMJE Form for Disclosure of Potential Conflicts of Interest****Section 5.****Relationships not covered above**

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Dr. Shen has nothing to disclose.

Evaluation and Feedback

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MEDICAL JOURNAL EDITORS**ICMJE Form for Disclosure of Potential Conflicts of Interest****Section 1.****Identifying Information**

1. Given Name (First Name)

Ying

2. Surname (Last Name)

Zhou

3. Date

26-December-2023

4. Are you the corresponding author?

☒ Yes ☐ No

5. Manuscript Title

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89736

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1. Given Name (First Name)

Yi-wen

2. Surname (Last Name)

Sun

3. Date

26-December-2023

4. Are you the corresponding author?

☒ Yes

☐ No

5. Manuscript Title

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1. Given Name (First Name)

Xiao-Yang

2. Surname (Last Name)

Liu

3. Date

26-December-2023

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☒ Yes

☐ No

5. Manuscript Title

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