ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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<tbody>
<tr>
<td>Tan</td>
<td>Wang</td>
<td>29-July-2020</td>
</tr>
</tbody>
</table>

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

Corresponding Author’s Name

| Jingrong Lu, Mingliang Xiang |

5. Manuscript Title

Sinonasal mucosal melanoma: a 10-year experience of 36 cases in China

6. Manuscript Identifying Number (if you know it)

## The Work Under Consideration for Publication

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Section 6. Disclosure Statement

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Dr. Wang has nothing to disclose.

Evaluation and Feedback

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Section 1. Identifying Information

1. Given Name (First Name) Yue
2. Surname (Last Name) Huang
3. Date 29-July-2020
4. Are you the corresponding author? Yes
5. Manuscript Title Sinonasal mucosal melanoma: a 10-year experience of 36 cases in China
 Corresponding Author's Name Jingrong Lu, Mingliang Xiang
6. Manuscript Identifying Number (if you know it)

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.)?
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### Section 1. Identifying Information

1. **Given Name (First Name)**
   Jingrong

2. **Surname (Last Name)**
   Lu

3. **Date**
   29-July-2020

4. **Are you the corresponding author?**
   ✓ Yes  □ No

5. **Manuscript Title**
   Sinonasal mucosal melanoma: a 10-year experience of 36 cases in China

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   - Yes ☑  
   - No

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