ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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Section 1. Identifying Information

1. Given Name (First Name)  Lei
2. Surname (Last Name)  Feng
3. Date  11-August-2020
4. Are you the corresponding author?  ✔ No
5. Manuscript Title  Xanthogranulomatous cholecystitis: experience in 100 cases
6. Manuscript Identifying Number (if you know it)

Corresponding Author's Name  Liping Chen

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Dr. Feng has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  Zhen
2. Surname (Last Name)  You
3. Date  11-August-2020
4. Are you the corresponding author?  Yes  No
   Corresponding Author's Name  Liping Chen
5. Manuscript Title  Xanthogranulomatous cholecystitis: experience in 100 cases
6. Manuscript Identifying Number (if you know it)

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1. Given Name (First Name)  
   Junhe

2. Surname (Last Name)  
   Gou

3. Date  
   11-August-2020

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   [ ] Yes  [x] No  
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### Section 1. Identifying Information

1. **Given Name (First Name)**
   - Erwen

2. **Surname (Last Name)**
   - Liao

3. **Date**
   - 11-August-2020

4. **Are you the corresponding author?**
   - No

5. **Manuscript Title**
   - Xanthogranulomatous cholecystitis: experience in 100 cases

6. **Manuscript Identifying Number (if you know it)**
   - Liping Chen

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   Liping

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