ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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Section 1. Identifying Information

1. Given Name (First Name) Chunxi
2. Surname (Last Name) Fu
3. Date 21-April-2020

4. Are you the corresponding author? [ ] Yes ✔ No
   Corresponding Author’s Name Liqun Zou

5. Manuscript Title
   Glans Metastatic Extra-nodal Natural Killer/T-cell Lymphoma, Nasal-type with HDAC inhibitor as maintenance therapy: A rare case report with literature review

6. Manuscript Identifying Number (if you know it)
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Dr. Fu has nothing to disclose.

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### Section 1. Identifying Information

1. **Given Name (First Name)**  
   Chunli
2. **Surname (Last Name)**  
   Yang
3. **Date**  
   21-April-2020
4. **Are you the corresponding author?**  
   Yes [ ]  No [x]
5. **Manuscript Title**  
   Glans Metastatic Extra-nodal Natural Killer/T-cell Lymphoma, Nasal-type with HDAC inhibitor as maintenance therapy: A rare case report with literature review
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Dr. Yang has nothing to disclose.

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1. Given Name (First Name)  
   Qiaoer  

2. Surname (Last Name)  
   Li

3. Date  
   21-April-2020

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   [ ] Yes  
   [x] No  

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<tr>
<td>Ling</td>
<td>Wang</td>
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Corresponding Author’s Name: Liqun Zou

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