ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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1. Identifying information.

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### Section 1. Identifying Information

1. Given Name (First Name)  
   Xiaohai

2. Surname (Last Name)  
   Liu

3. Date  

4. Are you the corresponding author?  
   Yes  
   No  
   ✔

Corresponding Author’s Name  
Renzhi Wang

5. Manuscript Title  
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6. Manuscript Identifying Number (if you know it)  
GS-20-354

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Dr. Liu has nothing to disclose.

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# ICMJE Form for Disclosure of Potential Conflicts of Interest

## Section 1. Identifying Information

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

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

3. **Date**

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

5. **Manuscript Title**
   - Internal carotid artery injury in the endoscopic transsphenoidal surgery for pituitary adenoma: an uncommon case and literature review

6. **Manuscript Identifying Number (if you know it)**
   - GS-20-354

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   Congxin

2. Surname (Last Name)  
   Dai

3. Date

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

   Corresponding Author’s Name  
   Renzhi Wang

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**I.C.M.J.E. Form for Disclosure of Potential Conflicts of Interest**

### Identifying Information

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

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

3. **Date**  

4. **Are you the corresponding author?**  
   - [ ] Yes  
   - ☑ No  
   **Corresponding Author’s Name**  
   Renzhi Wang

5. **Manuscript Title**  
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<th>1. Given Name (First Name)</th>
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4. Are you the corresponding author?  
   - Yes  
   - No  
   ✔ No  

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Dr. Deng has nothing to disclose.

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Grant: A grant from an entity, generally [but not always] paid to your organization
Personal Fees: Monies paid to you for services rendered, generally honoraria, royalties, or fees for consulting, lectures, speakers bureaus, expert testimony, employment, or other affiliations
Non-Financial Support: Examples include drugs/equipment supplied by the entity, travel paid by the entity, writing assistance, administrative support, etc.

Other: Anything not covered under the previous three boxes
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Issued: The patent has been issued by the agency
Licensed: The patent has been licensed to an entity, whether earning royalties or not
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1. Given Name (First Name) Yong
2. Surname (Last Name) Yao
3. Date
4. Are you the corresponding author? ☒ Yes ❑ No
   Corresponding Author’s Name Renzhi Wang
5. Manuscript Title
   Internal carotid artery injury in the endoscopic transsphenoidal surgery for pituitary adenoma: an uncommon case and literature review
6. Manuscript Identifying Number (if you know it)
   GS-20-354

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest? ☐ Yes ☒ No

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Section 6. Disclosure Statement

Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Dr. Yao has nothing to disclose.

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1. Identifying information.

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This section asks for information about the work that you have submitted for publication. The time frame for this reporting is that of the work itself, from the initial conception and planning to the present. The requested information is about resources that you received, either directly or indirectly (via your institution), to enable you to complete the work. Checking "No" means that you did the work without receiving any financial support from any third party -- that is, the work was supported by funds from the same institution that pays your salary and that institution did not receive third-party funds with which to pay you. If you or your institution received funds from a third party to support the work, such as a government granting agency, charitable foundation or commercial sponsor, check "Yes".

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Section 1. Identifying Information

1. Given Name (First Name)  Renzhi
2. Surname (Last Name)  Wang
3. Date

4. Are you the corresponding author?  ✔ Yes  No

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