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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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  MIN
2. Surname (Last Name)  ZHOU
3. Date  10-April-2020
4. Are you the corresponding author?  Yes  No
5. Manuscript Title
Multifocal Adult Langerhans Cell Histiocytosis with Diabetes Insipidus as the Initial Symptom: A case report and literature review
6. Manuscript Identifying Number (if you know it)  JXYM-20-45
7. Corresponding Author’s Name  MIN WANG

Section 2. The Work Under Consideration for Publication

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Dr. ZHOU has nothing to disclose.

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## Section 1. Identifying Information

1. Given Name (First Name)  
   JIANHUI  

2. Surname (Last Name)  
   YIN  

3. Date  
   11-April-2020  

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

   Corresponding Author’s Name  
   MIN WANG  

5. Manuscript Title  
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Dr. YIN has nothing to disclose.

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<td>LIAO</td>
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Corresponding Author’s Name

MIN WANG

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WANG

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