ICMJE Form for Disclosure of Potential Conflicts of Interest

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### Identifying Information

1. Given Name (First Name)  
   jiatong

2. Surname (Last Name)  
   zhou

3. Date  
   07-April-2020

4. Are you the corresponding author?  
   □ Yes  [✓] No  
   Corresponding Author's Name  
   ranlu liu

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

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Section 1. Identifying Information

1. Given Name (First Name)  baoling
2. Surname (Last Name)  zhang
3. Date  07-April-2020
4. Are you the corresponding author?  Yes ☐ No ☑

5. Manuscript Title  Prostate biopsy free system for Laparoscopic Radical Prostatectomy in a Pituitary Dwarfism: a case report
6. Manuscript Identifying Number (if you know it)  TAU-20-489-R1

Section 2. The Work Under Consideration for Publication

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Dr. Zhang has nothing to disclose.

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Corresponding Author’s Name: ranlu liu

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<tr>
<td>tao</td>
<td>li</td>
<td>07-April-2020</td>
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4. Are you the corresponding author?  

☐ Yes  

✔ No  

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