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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
   Michael

2. Surname (Last Name)  
   Zaleski

3. Date  
   08-June-2020

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

   Corresponding Author's Name  
   Cesar A. Moran, MD

5. Manuscript Title  
   Primary Mediastinal Chondrosarcomas: do they really exists?

6. Manuscript Identifying Number (if you know it)

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Are there any relevant conflicts of interest?  
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Dr. Zaleski has nothing to disclose.

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1. Given Name (First Name)  
   Mylene T.  
2. Surname (Last Name)  
   Truong  
3. Date  
   08-June-2020  
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   Yes ☐  No ☑  
   Corresponding Author's Name  
   Cesar A. Moran, MD  
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   Cesar

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   Moran

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