

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Instructions

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Xianqiu	2. Surname (Last Name) Chen	3. Date 25-August-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Ying Zhou
5. Manuscript Title Toll-like receptors 2 expression in mediastinal lymph node of patients with sarcoidosis		
6. Manuscript Identifying Number (if you know it)		

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Are there any relevant conflicts of interest?  Yes  No

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Dr. Chen has nothing to disclose.

### Evaluation and Feedback

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1. Given Name (First Name) Deping	2. Surname (Last Name) Zhao	3. Date 25-August-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Ying Zhou
5. Manuscript Title Toll-like receptors 2 expression in mediastinal lymph node of patients with sarcoidosis		
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Ying

2. Surname (Last Name)  
Zhou

3. Date  
25-August-2020

4. Are you the corresponding author?  Yes  No

5. Manuscript Title  
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