

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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ICMJE Form for Disclosure of Potential Conflicts of Interest

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1. Given Name (First Name) Xianmei	2. Surname (Last Name) Wu	3. Date 30-March-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Xiaowei Cui
5. Manuscript Title Analysis of knowledge, attitude and behavior of oncology medical staff in palliative care		
6. Manuscript Identifying Number (if you know it)		

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Dr. Wu has nothing to disclose.

Evaluation and Feedback

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