

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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Section 1. Identifying Information

1. Given Name (First Name) Wei-hong	2. Surname (Last Name) Shen	3. Date 17-August-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Lan Zhu
5. Manuscript Title Changes in circulating follicular helper T cells in peripheral blood of patients with acute hepatitis C virus infection		
6. Manuscript Identifying Number (if you know it) _____		

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Dr. Shen has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Xuan	2. Surname (Last Name) Huang	3. Date 17-August-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Lan Zhu
5. Manuscript Title Changes in circulating follicular helper T cells in peripheral blood of patients with acute hepatitis C virus infection		
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. Huang has nothing to disclose.

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1. Given Name (First Name) Fei-Fei	2. Surname (Last Name) Zheng	3. Date 17-August-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Lan Zhu
5. Manuscript Title Changes in circulating follicular helper T cells in peripheral blood of patients with acute hepatitis C virus infection		
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1. Given Name (First Name) Fang	2. Surname (Last Name) Gong	3. Date 17-August-2020
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Section 1. Identifying Information

1. Given Name (First Name)

Lan

2. Surname (Last Name)

Zhu

3. Date

17-August-2020

4. Are you the corresponding author?

Yes No

5. Manuscript Title

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