

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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Section 1. Identifying Information

1. Given Name (First Name)
Margita

2. Surname (Last Name)
Belicová

3. Date
22-September-2020

4. Are you the corresponding author? Yes No

5. Manuscript Title
Bronchial carcinoid, unusual manifestation: a case report

6. Manuscript Identifying Number (if you know it)
JXYM-19-84

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Dr. Belicová has nothing to disclose.

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1. Given Name (First Name)
Dana

2. Surname (Last Name)
Přidavková

3. Date
22-September-2020

4. Are you the corresponding author? Yes No

Corresponding Author's Name
Margita Belicová

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

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Section 1. Identifying Information

1. Given Name (First Name) Veronika	2. Surname (Last Name) Jankovičová	3. Date 22-September-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Margita Belicová
5. Manuscript Title Bronchial carcinoid, unusual manifestation: a case report		
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4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Margita Belicová
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