

ICMJE DISCLOSURE FORM

Date: 26/4/22

Your Name: Mei-Sze Teh

Manuscript Title: COVID-19 EFFECTS ON BREAST CANCER PATIENTS - SYMPTOM PRESENTATION AND CRITICAL INTERVALS IN A MALAYSIAN HOSPITAL

Manuscript number (if known): JPHE-22-21-CL

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are

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In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items,

the time frame for disclosure is the past 36 months.

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
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3	Royalties or licenses	___None	
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	lectures, presentations, speakers bureaus, manuscript writing or educational events		
6	Payment for expert testimony	___ None	
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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	___ None	
13	Other financial or non-financial interests	___ None	

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Date: 26/4/22

Your Name: Mee-Hoong See

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Date: 26/4/22

Your Name: Lee-Lee Lai

Manuscript Title: COVID-19 EFFECTS ON BREAST CANCER PATIENTS - SYMPTOM PRESENTATION AND CRITICAL INTERVALS IN A MALAYSIAN HOSPITAL

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Your Name: Abqariyah Yahya

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Your Name: Li-Ying Teoh

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Your Name: Kartini Rahmat

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