

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)
Xuexin

2. Surname (Last Name)
Zhou

3. Date
06-December-2019

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name
Wei Bao

5. Manuscript Title
A case of stage IB1 cervical cancer radical hysterectomy by fluorescent laparoscopic navigation combined with indocyanine green (ICG) sentinel lymph node excision

6. Manuscript Identifying Number (if you know it)

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Dr. Zhou has nothing to disclose.

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1. Given Name (First Name)
Ru

2. Surname (Last Name)
Zhang

3. Date
06-December-2019

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name
Wei Bao

5. Manuscript Title

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1. Given Name (First Name)
Cailiang

2. Surname (Last Name)
Wu

3. Date
06-December-2019

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name
Wei Bao

5. Manuscript Title

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Wei

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Bao

3. Date

06-December-2019

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☒ Yes ☐ No

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Yaping

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Zhu

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☐ Yes

☒ No

Corresponding Author's Name
Wei Bao

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