

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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Other: Anything not covered under the previous three boxes

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Section 1. Identifying Information

1. Given Name (First Name) Hua	2. Surname (Last Name) Xu	3. Date 30-October-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Chenfang Zhu, Dongliang Li
5. Manuscript Title A novel surgical technique in treating chronic refractory plasma cell mastitis		
6. Manuscript Identifying Number (if you know it) GS-20-795		

Section 2. The Work Under Consideration for Publication

Did you or your institution **at any time** receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

Are there any relevant conflicts of interest? Yes No

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Are there any relevant conflicts of interest? Yes No

Section 4. Intellectual Property -- Patents & Copyrights

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Dr. Xu has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Yan	2. Surname (Last Name) Jiang	3. Date 30-October-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Chenfang Zhu, Dongliang Li
5. Manuscript Title A novel surgical technique in treating chronic refractory plasma cell mastitis		
6. Manuscript Identifying Number (if you know it) GS-20-795		

Section 2. The Work Under Consideration for Publication

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Dr. Jiang has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Mingjuan	2. Surname (Last Name) Liao	3. Date 30-October-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Chenfang Zhu, Dongliang Li
5. Manuscript Title A novel surgical technique in treating chronic refractory plasma cell mastitis		
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Section 1. Identifying Information

1. Given Name (First Name)

Dongliang

2. Surname (Last Name)

Li

3. Date

30-October-2020

4. Are you the corresponding author?

Yes No

5. Manuscript Title

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6. Manuscript Identifying Number (if you know it)

GS-20-795

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Section 1. Identifying Information

1. Given Name (First Name)

Chenfang

2. Surname (Last Name)

Zhu

3. Date

30-October-2020

4. Are you the corresponding author?

Yes No

5. Manuscript Title

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6. Manuscript Identifying Number (if you know it)

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