

Instructions

The purpose of this form is to provide readers of your manuscript with information about your other interests that could influence how they receive and understand your work. The form is designed to be completed electronically and stored electronically. It contains programming that allows appropriate data display. Each author should submit a separate form and is responsible for the accuracy and completeness of the submitted information. The form is in six parts.

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Section 1.	Identifying Inform	ation			
1. Given Name (First Name) Benlong		2. Surname (Last Name) Yang	3. Date 13-January-2021		
4. Are you the corresponding author?		Yes 🖌 No	Corresponding Author's Name Jiong Wu		
5. Manuscript Title A single-center, s identification of	self-controlled, phase I	clinical trial of mitoxantro	ne hydrochloride injection for sentinel lymph node		
6. Manuscript Ider GS-20-694-R2	ntifying Number (if you kn	now it)			
			-		
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Do you have any patents, whether planned, pending or issued, broadly relevant to the work? 🗌 Yes 🖌 No					



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Dr. Yang has nothing to disclose.

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1. Given Name (First Name) Xiaoyan		2. Surname (Last Name) Huang			3. Date 13-January-2021
4. Are you the corresponding author?		Yes 🖌 No Corresponding Author's Na Jiong Wu		Corresponding Author's Nan Jiong Wu	ne
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The purpose of this form is to provide readers of your manuscript with information about your other interests that could influence how they receive and understand your work. The form is designed to be completed electronically and stored electronically. It contains programming that allows appropriate data display. Each author should submit a separate form and is responsible for the accuracy and completeness of the submitted information. The form is in six parts.

1. Identifying information.

2. The work under consideration for publication.

This section asks for information about the work that you have submitted for publication. The time frame for this reporting is that of the work itself, from the initial conception and planning to the present. The requested information is about resources that you received, either directly or indirectly (via your institution), to enable you to complete the work. Checking "No" means that you did the work without receiving any financial support from any third party -- that is, the work was supported by funds from the same institution that pays your salary and that institution did not receive third-party funds with which to pay you. If you or your institution received funds from a third party to support the work, such as a government granting agency, charitable foundation or commercial sponsor, check "Yes".

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Section 1.	Identifying Inform	ation			
1. Given Name (First Name) Shujun		2. Surname (Last Name) Wang	3. Date 13-January-2021		
4. Are you the corresponding author?		Yes 🖌 No	Corresponding Author's Name Jiong Wu		
5. Manuscript Title A single-center, s identification of	self-controlled, phase I	clinical trial of mitoxantro	ne hydrochloride injection for sentinel lymph node		
6. Manuscript Ider GS-20-694-R2	ntifying Number (if you kn	now it)			
			-		
Section 2.	The Work Under Co	onsideration for Public	cation		
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 Ves No					
Section 3.					
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Continu					
Section 4.	Intellectual Proper	rty Patents & Copyri <u>c</u>	hts		
Do you have any patents, whether planned, pending or issued, broadly relevant to the work? 🗌 Yes 🖌 No					



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Dr. Wang has nothing to disclose.

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1. Given Name (First Name) Zhimin	2. Surname (Last Name) Shao	3. Date 13-January-2021			
4. Are you the corresponding author?	Yes 🖌 No	Corresponding Author's Name Jiong Wu			
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