

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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Section 1. Identifying Information

1. Given Name (First Name)
Mojgan

2. Surname (Last Name)
Devouassoux-Shisheboran

3. Date
30-July-2020

4. Are you the corresponding author? Yes No

Corresponding Author's Name
Gerlinde Lang-Avérous

5. Manuscript Title
Sentinel lymph node Processing in Gynecological Cancer
Histopathology and Molecular Biology

6. Manuscript Identifying Number (if you know it)
CCO-2020-BGC-01(CCO-20-192)

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Dr. Devouassoux-Shisheboran has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) sabrina	2. Surname (Last Name) croce	3. Date 30-July-2020
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Dr Averous Gerlinde
5. Manuscript Title Sentinel lymph node Processing in Gynecological Cancer Histopathology and Molecular Biology		
6. Manuscript Identifying Number (if you know it) CCO-2020-BGC-01(CCO-20-192)		

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1. Given Name (First Name) eliane	2. Surname (Last Name) mery	3. Date 30-July-2020
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