

ICMJE DISCLOSURE FORM

Date: 2021.8.10

Your Name: Xianyuan Miao

Manuscript Title: The characteristics and novel clinical implications of CD4+CXCR5+Foxp3+ follicular regulatory T cells in breast cancer

Manuscript number (if known): _____

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. “Related” means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

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		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	
4	Consulting fees	___ None	

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None

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Date: 2021.8.10
 Your Name: Qiusheng Guo
 Manuscript Title: The characteristics and novel clinical implications of CD4+CXCR5+Foxp3+ follicular regulatory T cells in breast cancer
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Date: 2021.8.10
 Your Name: Zhiwen Pan
 Manuscript Title: The characteristics and novel clinical implications of CD4+CXCR5+Foxp3+ follicular regulatory T cells in breast cancer
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Date: 2021.8.10
 Your Name: Xiaohong Xu
 Manuscript Title: The characteristics and novel clinical implications of CD4+CXCR5+Foxp3+ follicular regulatory T cells in breast cancer
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Date: 2021.8.10
 Your Name: Xiying Shao
 Manuscript Title: The characteristics and novel clinical implications of CD4+CXCR5+Foxp3+ follicular regulatory T cells in breast cancer
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ICMJE DISCLOSURE FORM

Date: 2021/08/10

Your Name: Xiao-Jia Wang

Manuscript Title: The characteristics and novel clinical implications of CD4+CXCR5+Foxp3+ follicular regulatory T cells in breast cancer

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