

ICMJE DISCLOSURE FORM

Date: May. 19th, 2022

Your Name: Bo Yu

Manuscript Title: Establishment and validation of analytical methods for 15 hazardous drugs by UPLC-Q/Orbitrap-HRMS

Manuscript number (if known): ATM-22-2330 _____

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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3	Royalties or licenses	__X__ None	
4	Consulting fees	__X__ None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
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Please summarize the above conflict of interest in the following box:

There is no conflicts of interest to declare.

Please place an "X" next to the following statement to indicate your agreement:

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Date: May. 19th, 2022

Your Name: Yang Wang

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Date: ___ May. 19th, 2022 ___

Your Name: ___ Yuchen Qu ___

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