

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Zeyu	2. Surname (Last Name) Zeng	3. Date 18-November-2020
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Xiaoyan Dong
5. Manuscript Title Airway Exposure to Perfluorooctanoate Exacerbates Airway Hyperresponsiveness and Downregulates Glucocorticoid Receptor Expression in Asthmatic Mice		
6. Manuscript Identifying Number (if you know it) TP-20-246		

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Are there any relevant conflicts of interest? ☐ Yes ☒ No

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Dr. Zeng has nothing to disclose.

Evaluation and Feedback

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Section 1. Identifying Information

1. Given Name (First Name) Weihui	2. Surname (Last Name) Ma	3. Date 18-November-2020
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Xiaoyan Dong
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1. Given Name (First Name)

Xiaoyan

2. Surname (Last Name)

Dong

3. Date

18-November-2020

4. Are you the corresponding author?

☒ Yes ☐ No

5. Manuscript Title

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