

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) Ying-Na	2. Surname (Last Name) Tao	3. Date 19-April-2020
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Hua Wan and Jian-Ping Zuo
5. Manuscript Title Microbial quantitation of colostrum from healthy breastfeeding women and milk from mastitis patients		
6. Manuscript Identifying Number (if you know it) APM-20-56		

Section 2. The Work Under Consideration for Publication

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

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Dr. Tao has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Xian-Kun	2. Surname (Last Name) Tong	3. Date 19-April-2020
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Hua Wan and Jian-Ping Zuo
5. Manuscript Title Microbial quantitation of colostrum from healthy breastfeeding women and milk from mastitis patients		
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4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Hua Wan and Jian-Ping Zuo
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1. Given Name (First Name)

Hua

2. Surname (Last Name)

Wan

3. Date

19-April-2020

4. Are you the corresponding author?

☒ Yes ☐ No

5. Manuscript Title

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6. Manuscript Identifying Number (if you know it)

APM-20-56

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Jian-Ping

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Zuo

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☒ Yes ☐ No

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