

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)

Jiwei

2. Surname (Last Name)

Huang

3. Date

24-August-2020

4. Are you the corresponding author?

☒ Yes ☐ No

5. Manuscript Title

Rashes following cesarean delivery: a case report

6. Manuscript Identifying Number (if you know it)

APM-20-1701

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Section 1. Identifying Information

1. Given Name (First Name) Ximei	2. Surname (Last Name) Zhu	3. Date 24-August-2020
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Jiwei Huang
5. Manuscript Title Rashes following cesarean delivery: a case report		
6. Manuscript Identifying Number (if you know it) APM-20-1701		

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Dr. Zhu has nothing to disclose.

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1. Given Name (First Name) caiyun	2. Surname (Last Name) Jiang	3. Date 24-August-2020
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Jiwei Huang
5. Manuscript Title Rashes following cesarean delivery: a case report		
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