

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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Section 1. Identifying Information

1. Given Name (First Name) Li-Juan	2. Surname (Last Name) Yi	3. Date 18-October-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Maria F. Jiménez-Herrera
5. Manuscript Title Effects of yoga on health-related quality, physical health and psychological health in women with breast cancer undergoing receiving chemotherapy: a systematic review and meta-analysis		
6. Manuscript Identifying Number (if you know it) APM-20-1484		

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Dr. Yi has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Xu	2. Surname (Last Name) Tian	3. Date 18-October-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Maria F. Jiménez-Herrera
5. Manuscript Title Effects of yoga on health-related quality, physical health and psychological health in women with breast cancer undergoing receiving chemotherapy: a systematic review and meta-analysis		
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Dr. Tian has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
Yan-Fei

2. Surname (Last Name)
Jin

3. Date
18-October-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Maria F. Jiménez-Herrera

5. Manuscript Title
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1. Given Name (First Name) Meng-Jie	2. Surname (Last Name) Luo	3. Date 18-October-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Maria F. Jiménez-Herrera
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Maria F.

2. Surname (Last Name)
Jiménez-Herrera

3. Date
18-October-2020

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