

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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Section 1. Identifying Information

1. Given Name (First Name) Jiang-Hua	2. Surname (Last Name) Fan	3. Date 07-October-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Hai-Yan Luo
5. Manuscript Title Penicilliosis marneffei in HIV negative children: three cases report		
6. Manuscript Identifying Number (if you know it) APM-20-2056		

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Dr. Fan has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)

Hai-Yan

2. Surname (Last Name)

Luo

3. Date

07-October-2020

4. Are you the corresponding author?

Yes No

5. Manuscript Title

Penicilliosis marneffi in HIV negative children: three cases report

6. Manuscript Identifying Number (if you know it)

APM-20-2056

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Dr. Luo has nothing to disclose.

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1. Given Name (First Name) Long-Gui	2. Surname (Last Name) Yang	3. Date 07-October-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Hai-Yan Luo
5. Manuscript Title Penicilliosis marneffei in HIV negative children: three cases report		
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1. Given Name (First Name)
Meng-Ying

2. Surname (Last Name)
Wang

3. Date
07-October-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Hai-Yan Luo

5. Manuscript Title
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