

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)

Jiao

2. Surname (Last Name)

Lyu

3. Date

21-January-2021

4. Are you the corresponding author?

Yes No

5. Manuscript Title

A Cross-Sectional Study on the Knowledge, Attitude and Behavior of Obstetricians & Gynecologists and Dentists on Oral Health Care During Pregnancy

6. Manuscript Identifying Number (if you know it)

APM-20-1520

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Dr. Lyu has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Xuemei	2. Surname (Last Name) Zhang	3. Date 21-January-2021
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Jiao Lyu
5. Manuscript Title A Cross-Sectional Study on the Knowledge, Attitude and Behavior of Obstetricians & Gynecologists and Dentists on Oral Health Care During Pregnancy		
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Dr. Zhang has nothing to disclose.

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1. Given Name (First Name) Xiaohan	2. Surname (Last Name) Nie	3. Date 21-January-2021
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Jiao Lyu
5. Manuscript Title A Cross-Sectional Study on the Knowledge, Attitude and Behavior of Obstetricians & Gynecologists and Dentists on Oral Health Care During Pregnancy		
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