

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

The purpose of this form is to provide readers of your manuscript with information about your other interests that could influence how they receive and understand your work. The form is designed to be completed electronically and stored electronically. It contains programming that allows appropriate data display. Each author should submit a separate form and is responsible for the accuracy and completeness of the submitted information. The form is in six parts.

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4. Intellectual Property.

This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

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Royalties: Funds are coming in to you or your institution due to your patent

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Ghassan

2. Surname (Last Name)
Elamin

3. Date
08-August-2019

4. Are you the corresponding author? Yes No

5. Manuscript Title
Pathological complete response in the axillary lymph nodes post neo-adjuvant chemotherapy in breast cancer, is it predictable?"

6. Manuscript Identifying Number (if you know it)
ABS-19-45

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Dr. Elamin has nothing to disclose.

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Section 1. Identifying Information

| | | |
|--|---|---|
| 1. Given Name (First Name) Dimple | 2. Surname (Last Name) Sapre | 3. Date 08-August-2019 |
| 4. Are you the corresponding author? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Corresponding Author's Name Ghassan Elamin |
| 5. Manuscript Title Pathological complete response in the axillary lymph nodes post neo-adjuvant chemotherapy in breast cancer, is it predictable?" | | |
| 6. Manuscript Identifying Number (if you know it) ABS-19-45 | | |

Section 2. The Work Under Consideration for Publication

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Dr. Sapre has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)

Wajiha

2. Surname (Last Name)

Tehniyat

3. Date

08-August-2019

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Ghassan Elamin

5. Manuscript Title

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ABS-19-45

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Section 1. Identifying Information

| | | |
|--|---|---|
| 1. Given Name (First Name) Ali | 2. Surname (Last Name) Jahan | 3. Date 08-August-2019 |
| 4. Are you the corresponding author? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Corresponding Author's Name Ghassan Elamin |
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Dr. Jahan has nothing to disclose.

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1. Given Name (First Name)
Mahmoud

2. Surname (Last Name)
Dakka

3. Date
08-August-2019

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Ghassan Elamin

5. Manuscript Title
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