

## 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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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
Wai Peng

2. Surname (Last Name)  
Lee

3. Date  
14-May-2020

4. Are you the corresponding author? ☒ Yes ☐ No

5. Manuscript Title  
Tattoo pigment in axillary lymph nodes mimics occult breast malignancy: A case report

6. Manuscript Identifying Number (if you know it)  
ABS-20-49

### Section 2. The Work Under Consideration for Publication

Did you or your institution **at any time** receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

Are there any relevant conflicts of interest? ☐ Yes ☒ No

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Are there any relevant conflicts of interest? ☐ Yes ☒ No

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Do you have any patents, whether planned, pending or issued, broadly relevant to the work? ☐ Yes ☒ No

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Dr. Lee has nothing to disclose.

### Evaluation and Feedback

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)

Spoorthi Sudhakar

2. Surname (Last Name)

Shetty

3. Date

14-May-2020

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name

Wai Peng Lee

5. Manuscript Title

Tattoo pigment in axillary lymph nodes mimics occult breast malignancy: A case report

6. Manuscript Identifying Number (if you know it)

ABS-20-49

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Are there any relevant conflicts of interest?

☐ Yes

☒ No

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Do you have any patents, whether planned, pending or issued, broadly relevant to the work?

☐ Yes

☒ No

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Dr. Shetty has nothing to disclose.

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### Section 1. Identifying Information

1. Given Name (First Name)

Victor Ng Weng Leong

2. Surname (Last Name)

Ng

3. Date

14-May-2020

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name

Wai Peng Lee

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Su-Ming	2. Surname (Last Name) Tan	3. Date 14-May-2020
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Wai Peng Lee
5. Manuscript Title Tattoo pigment in axillary lymph nodes mimics occult breast malignancy: A case report		
6. Manuscript Identifying Number (if you know it) ABS-20-49		

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