

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)
Dylan

2. Surname (Last Name)
Johnson

3. Date
01-September-2020

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

5. Manuscript Title
Techniques for Overcoming a Missing Clip During Pre-operative Needle Localization for Lumpectomy: Case Report

6. Manuscript Identifying Number (if you know it)

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Dr. Johnson has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Michael	2. Surname (Last Name) Higginbotham	3. Date 01-September-2020
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Dylan Johnson
5. Manuscript Title Techniques for Overcoming a Missing Clip During Pre-operative Needle Localization for Lumpectomy: Case Report		
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Dr. Higginbotham has nothing to disclose.

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1. Given Name (First Name)

Lara

2. Surname (Last Name)

Appiah

3. Date

01-September-2020

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name

Dylan Johnson

5. Manuscript Title

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