

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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Section 1. Identifying Information

1. Given Name (First Name) Jian	2. Surname (Last Name) Li	3. Date 17-February-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Peng Zhang
5. Manuscript Title Levels of Tc17 cells in thymic epithelial cell tumors associated with autoimmune diseases		
6. Manuscript Identifying Number (if you know it) MED-18-187		

Section 2. The Work Under Consideration for Publication

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Dr. Li has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Yuan	2. Surname (Last Name) Chen	3. Date 17-February-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Peng Zhang
5. Manuscript Title Levels of Tc17 cells in thymic epithelial cell tumors associated with autoimmune diseases		
6. Manuscript Identifying Number (if you know it) MED-18-187		

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Dr. Chen has nothing to disclose.

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1. Given Name (First Name) Yuanguo	2. Surname (Last Name) Wang	3. Date 17-February-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Peng Zhang
5. Manuscript Title Levels of Tc17 cells in thymic epithelial cell tumors associated with autoimmune diseases		
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Peng

2. Surname (Last Name)
Zhang

3. Date
17-February-2019

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