

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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Section 1. Identifying Information

1. Given Name (First Name) Angela	2. Surname (Last Name) Huang	3. Date 01-April-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Andrew G. Lee
5. Manuscript Title Neuromyelitis optica and myelin oligodendrocyte glycoprotein		
6. Manuscript Identifying Number (if you know it)		

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Are there any relevant conflicts of interest? Yes No

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Section 6. Disclosure Statement

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Dr. Esteve-Taboada has nothing to disclose. Dr. Huang has nothing to disclose.

Evaluation and Feedback

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Section 1. Identifying Information

1. Given Name (First Name)
Aroucha

2. Surname (Last Name)
Vickers

3. Date
01-April-2018

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Andrew G. Lee

5. Manuscript Title
Neuromyelitis optica and myelin oligodendrocyte glycoprotein

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1. Given Name (First Name) Claudia M. Prospero	2. Surname (Last Name) Ponce	3. Date 01-April-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Andrew G. Lee
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Lee

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