

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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Section 1. Identifying Information

| | | |
|--|---|---|
| 1. Given Name (First Name) Li-Juan | 2. Surname (Last Name) Zhang | 3. Date 21-October-2020 |
| 4. Are you the corresponding author? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Corresponding Author's Name Paride Abliz |
| 5. Manuscript Title Characterisation of a clinical isolated Aspergillus lentulus strain using a Galleria mellonella infection model | | |
| 6. Manuscript Identifying Number (if you know it) JTD-20-961-R2 | | |

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Dr. Zhang has nothing to disclose.

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Section 1. Identifying Information

| | | |
|--|---|---|
| 1. Given Name (First Name) Xiao-Dong | 2. Surname (Last Name) Wang | 3. Date 21-October-2020 |
| 4. Are you the corresponding author? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Corresponding Author's Name Paride Abliz |
| 5. Manuscript Title Characterisation of a clinical isolated Aspergillus lentulus strain using a Galleria mellonella infection model | | |
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Dr. Wang has nothing to disclose.

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Section 1. Identifying Information

| | | |
|--|---|---|
| 1. Given Name (First Name) Ming-Shuo | 2. Surname (Last Name) Ji | 3. Date 21-October-2020 |
| 4. Are you the corresponding author? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Corresponding Author's Name Paride Abliz |
| 5. Manuscript Title Characterisation of a clinical isolated Aspergillus lentulus strain using a Galleria mellonella infection model | | |
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| | | |
|--|---|---|
| 1. Given Name (First Name) Hadiliya | 2. Surname (Last Name) Hasimu | 3. Date 21-October-2020 |
| 4. Are you the corresponding author? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Corresponding Author's Name Paride Abliz |
| 5. Manuscript Title Characterisation of a clinical isolated Aspergillus lentulus strain using a Galleria mellonella infection model | | |
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Dr. Hasimu has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)

Paride

2. Surname (Last Name)

Abliz

3. Date

21-October-2020

4. Are you the corresponding author?

Yes No

5. Manuscript Title

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6. Manuscript Identifying Number (if you know it)

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