

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)

L. Joseph

2. Surname (Last Name)

Su

3. Date

15-February-2016

4. Are you the corresponding author?

Yes No

5. Manuscript Title

Tanning bed use, risk of melanoma and opportunity for prevention with sulforaphane

6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

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Dr. Su has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Shelbie	2. Surname (Last Name) Stahr	3. Date 15-February-2016
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name L. Joseph Su
5. Manuscript Title Tanning bed use, risk of melanoma and opportunity for prevention with sulforaphane		
6. Manuscript Identifying Number (if you know it)		

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Dr. Stahr has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Susan A.	2. Surname (Last Name) Kadlubar	3. Date 15-February-2016
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name L. Joseph Su
5. Manuscript Title Tanning bed use, risk of melanoma and opportunity for prevention with sulforaphane		
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1. Given Name (First Name) Tung-Chin	2. Surname (Last Name) Chiang	3. Date 15-February-2016
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name L. Joseph Su
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