

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) Lin	2. Surname (Last Name) Ding	3. Date 20-April-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Hai Hu; He-Rui Yao
5. Manuscript Title Specific skin changes induced by chemotherapy		
6. Manuscript Identifying Number (if you know it)		

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Dr. Ding has nothing to disclose.

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1. Given Name (First Name)
Qing-Jian

2. Surname (Last Name)
Li

3. Date
20-April-2018

4. Are you the corresponding author? Yes No

Corresponding Author's Name
Hai Hu; He-Rui Yao

5. Manuscript Title
Specific skin changes induced by chemotherapy

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1. Given Name (First Name) Ying	2. Surname (Last Name) Wang	3. Date 20-April-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Hai Hu; He-Rui Yao
5. Manuscript Title Specific skin changes induced by chemotherapy		
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4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Hai Hu; He-Rui Yao
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1. Given Name (First Name) Zhi-Min	2. Surname (Last Name) Jiang	3. Date 20-April-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Hai Hu, He-Rui Yao
5. Manuscript Title Specific skin changes induced by chemotherapy		
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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Are there any relevant conflicts of interest? Yes No

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes No

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Section 1. Identifying Information

1. Given Name (First Name) Phei-Er	2. Surname (Last Name) Saw	3. Date 20-April-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Hai Hu, He-Rui Yao
5. Manuscript Title Specific skin changes induced by chemotherapy		
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Section 1. Identifying Information

1. Given Name (First Name)

Hai

2. Surname (Last Name)

Hu

3. Date

20-April-2018

4. Are you the corresponding author?

Yes No

5. Manuscript Title

Specific skin changes induced by chemotherapy

6. Manuscript Identifying Number (if you know it)

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Section 1. Identifying Information

1. Given Name (First Name)

He-Rui

2. Surname (Last Name)

Yao

3. Date

20-April-2018

4. Are you the corresponding author?

Yes No

5. Manuscript Title

Specific skin changes induced by chemotherapy

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