

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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Section 1. Identifying Information

1. Given Name (First Name) Hyun	2. Surname (Last Name) Lim	3. Date 06-September-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Kyu-Tae Kang; Joohee Jung
5. Manuscript Title Exploring protocol for breast cancer xenograft model using endothelial colony-forming cells		
6. Manuscript Identifying Number (if you know it)		

Section 2. The Work Under Consideration for Publication

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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

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Dr. Lim has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Hyunsook	2. Surname (Last Name) Lee	3. Date 06-September-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Kyu-Tae Kang; Joohee Jung
5. Manuscript Title Exploring protocol for breast cancer xenograft model using endothelial colony-forming cells		
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Dr. Lee has nothing to disclose.

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1. Given Name (First Name) Aree	2. Surname (Last Name) Moon	3. Date 06-September-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Kyu-Tae Kang; Joohee Jung
5. Manuscript Title Exploring protocol for breast cancer xenograft model using endothelial colony-forming cells		
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Section 1. Identifying Information

1. Given Name (First Name)
Kyu-Tae

2. Surname (Last Name)
Kang

3. Date
06-September-2018

4. Are you the corresponding author? Yes No

5. Manuscript Title
Exploring protocol for breast cancer xenograft model using endothelial colony-forming cells

6. Manuscript Identifying Number (if you know it)

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Joohee

2. Surname (Last Name)

Jung

3. Date

06-September-2018

4. Are you the corresponding author?

Yes No

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