

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) Yiman	2. Surname (Last Name) Wang	3. Date 02-December-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Li Li, Hongzhong Jin
5. Manuscript Title Multiple keratoacanthoma centrifugum marginatum—a case report and systematic review		
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Dr. Wang has nothing to disclose.

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1. Given Name (First Name) Wenling	2. Surname (Last Name) Zhao	3. Date 02-December-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Li Li, Hongzhong Jin
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1. Given Name (First Name) Yueping	2. Surname (Last Name) Zeng	3. Date 02-December-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Li Li, Hongzhong Jin
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1. Given Name (First Name)

Li

2. Surname (Last Name)

Li

3. Date

02-December-2018

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5. Manuscript Title

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