

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) Qi	2. Surname (Last Name) Huang	3. Date 13-April-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Yu-Jun He
5. Manuscript Title Surgery on primary melanoma of the breast		
6. Manuscript Identifying Number (if you know it) TCR-2019-RTB-004		

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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. Huang has nothing to disclose.

Evaluation and Feedback

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Section 1. Identifying Information

1. Given Name (First Name) Xiao-Hua	2. Surname (Last Name) Zhang	3. Date 13-April-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Yu-Jun He
5. Manuscript Title Surgery on primary melanoma of the breast		
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1. Given Name (First Name) Ling-Ji	2. Surname (Last Name) Guo	3. Date 13-April-2019
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5. Manuscript Title Surgery on primary melanoma of the breast		
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1. Given Name (First Name)

LYu-Jun

2. Surname (Last Name)

He

3. Date

13-April-2019

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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