

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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Section 1. Identifying Information

1. Given Name (First Name) Jieya	2. Surname (Last Name) Zou	3. Date 05-October-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Jianyun Nie
5. Manuscript Title The application of methylene blue coloration technique in axillary lymph node dissection of breast cancer		
6. Manuscript Identifying Number (if you know it) TCR-19-1086		

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1. Given Name (First Name) Zhuangqing	2. Surname (Last Name) Yang	3. Date 05-October-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Jianyun Nie
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1. Given Name (First Name) Lifei	2. Surname (Last Name) Sun	3. Date 05-October-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Jiayun Nie
5. Manuscript Title The application of methylene blue coloration technique in axillary lymph node dissection of breast cancer		
6. Manuscript Identifying Number (if you know it) TCR-19-1086		

Section 2. The Work Under Consideration for Publication

Did you or your institution **at any time** receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

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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Dr. Sun has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Wenhuan	2. Surname (Last Name) Wang	3. Date 05-October-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Jiayun Nie
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1. Given Name (First Name) Yue	2. Surname (Last Name) Wang	3. Date 05-October-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Jianyun Nie
5. Manuscript Title The application of methylene blue coloration technique in axillary lymph node dissection of breast cancer		
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1. Given Name (First Name)

Jianyun

2. Surname (Last Name)

Nie

3. Date

05-October-2019

4. Are you the corresponding author?

Yes No

5. Manuscript Title

The application of methylene blue coloration technique in axillary lymph node dissection of breast cancer

6. Manuscript Identifying Number (if you know it)

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