

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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4. Intellectual Property.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Pin	2. Surname (Last Name) Gao	3. Date 01-September-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Zhimin Fan
5. Manuscript Title MDT of Breast Cancer Under COVID-19 Pandemic		
6. Manuscript Identifying Number (if you know it) TBCR-20-38		

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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Section 6. Disclosure Statement

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Dr. Gao has nothing to disclose.

Evaluation and Feedback

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1. Given Name (First Name) Shiheng	2. Surname (Last Name) Li	3. Date 01-September-2020
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Ying

2. Surname (Last Name)

Jin

3. Date

01-September-2020

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Yes

No

Corresponding Author's Name

Zhimin Fan

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