

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)
Erica Nishida

2. Surname (Last Name)
Hasimoto

3. Date
22-May-2019

4. Are you the corresponding author? Yes No

5. Manuscript Title
Hyperhidrosis prevalence and its impact on population

6. Manuscript Identifying Number (if you know it)
SHC-2019-HM-04

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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Dr. Hasimoto has nothing to disclose.

Evaluation and Feedback

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Section 1. Identifying Information

1. Given Name (First Name) Daniele Cristina	2. Surname (Last Name) Cataneo	3. Date 22-May-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Erica Nishida Hasimoto
5. Manuscript Title Hyperhidrosis prevalence and its impact on population		
6. Manuscript Identifying Number (if you know it) SHC-2019-HM-04		

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1. Given Name (First Name) Tarcisio Albertin dos	2. Surname (Last Name) Reis	3. Date 22-May-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Erica Nishida Hasimoto
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