

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) Georgi	2. Surname (Last Name) Tomov	3. Date 23-June-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Jyuhn Hurng Ke
5. Manuscript Title Removal of cosmetic oral mucosal tattoos with Nd:YAG laser—histological and clinical observations		
6. Manuscript Identifying Number (if you know it)		

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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Are there any relevant conflicts of interest? Yes No

Section 4. Intellectual Property -- Patents & Copyrights

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Dr. Tomov has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Parvan	2. Surname (Last Name) Voynov	3. Date 23-June-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Jyuhn Hurng Ke
5. Manuscript Title Removal of cosmetic oral mucosal tattoos with Nd:YAG laser—histological and clinical observations		
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Section 2. The Work Under Consideration for Publication

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Dr. Voynov has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)

Svitlana

2. Surname (Last Name)

Bachurska

3. Date

23-June-2020

4. Are you the corresponding author?

 Yes No

Corresponding Author's Name

Jyuhn Hurng Ke

5. Manuscript Title

Removal of cosmetic oral mucosal tattoos with Nd:YAG laser—histological and clinical observations

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1. Given Name (First Name)
Jyuhn Hurng

2. Surname (Last Name)
Ke

3. Date
23-June-2020

4. Are you the corresponding author? Yes No

5. Manuscript Title
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Plamen

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Zagorchev

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Yes No

Corresponding Author's Name
Jyuhn Hurng Ke

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