

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)

Llewelyn Yi Chang

2. Surname (Last Name)

Tan

3. Date

21-October-2020

4. Are you the corresponding author?

Yes No

5. Manuscript Title

Eosinophilic cellulitis secondary to occult strongyloidiasis, case report

6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

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Dr. Tan has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Dingyuan	2. Surname (Last Name) Wang	3. Date 21-October-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Llewelyn Yi Chang Tan
5. Manuscript Title Eosinophilic cellulitis secondary to occult strongyloidiasis, case report		
6. Manuscript Identifying Number (if you know it)		

Section 2. The Work Under Consideration for Publication

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Dr. Wang has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Joyce Siong See	2. Surname (Last Name) Lee	3. Date 21-October-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Llewelyn Yi Chang Tan
5. Manuscript Title Eosinophilic cellulitis secondary to occult strongyloidiasis, case report		
6. Manuscript Identifying Number (if you know it) _____		

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Section 1. Identifying Information

1. Given Name (First Name) Benjamin Wen Yang	2. Surname (Last Name) Ho	3. Date 21-October-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Llewelyn Yi Chang Tan
5. Manuscript Title Eosinophilic cellulitis secondary to occult strongyloidiasis, case report		
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