

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)
Catherine

2. Surname (Last Name)
Hyland

3. Date
22-February-2017

4. Are you the corresponding author? Yes No

5. Manuscript Title
Routine application of genotyping a step closer: direct PCR on plasma

6. Manuscript Identifying Number (if you know it)
AOB-2017-02

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Dr. Hyland has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Eileen	2. Surname (Last Name) Roulis	3. Date 22-February-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Catherine A. Hyland
5. Manuscript Title Routine application of genotyping a step closer: direct PCR on plasma		
6. Manuscript Identifying Number (if you know it) AOB-2017-02		

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Dr. Roulis has nothing to disclose.

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1. Given Name (First Name) Elizna	2. Surname (Last Name) Schoeman	3. Date 22-February-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Catherine A. Hyland
5. Manuscript Title Routine application of genotyping a step closer: direct PCR on plasma		
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1. Given Name (First Name) Genghis	2. Surname (Last Name) Lopez	3. Date 22-February-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Catherine A. Hyland
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Flower

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22-February-2017

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Corresponding Author's Name
Catherine A. Hyland

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