

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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Section 1. Identifying Information

1. Given Name (First Name) Huimin	2. Surname (Last Name) Hu	3. Date 28-July-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Hui Xu
5. Manuscript Title Recurrent infantile digital fibromatosis with HPV infection, a case report		
6. Manuscript Identifying Number (if you know it) ACR-20-95		

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Section 1. Identifying Information

1. Given Name (First Name)

Xuan

2. Surname (Last Name)

Wang

3. Date

28-July-2020

4. Are you the corresponding author?

Yes

No

Corresponding Author's Name

Hui Xu

5. Manuscript Title

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