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)  
Xiaoli

2. Surname (Last Name)  
Yao

3. Date  
30-December-2020

4. Are you the corresponding author?  
☒ Yes  ☐ No  

Corresponding Author’s Name  
Feng Yao

5. Manuscript Title  
A case of primary squamous cell carcinoma of the breast

6. Manuscript Identifying Number (if you know it)  
TBCR-20-67

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Dr. Yao has nothing to disclose.

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1. Given Name (First Name)  
   Huihua

2. Surname (Last Name)  
   He

3. Date  
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   [ ] Yes  
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   Jingping

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   Yuan

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<th>3. Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Feng</td>
<td>Yao</td>
<td>30-December-2020</td>
</tr>
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