

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)
Ying

2. Surname (Last Name)
Zhu

3. Date
20-March-2020

4. Are you the corresponding author? Yes No

5. Manuscript Title
Gene analysis of seven cases of primary immunodeficiency

6. Manuscript Identifying Number (if you know it)
TP-20-88

Section 2. The Work Under Consideration for Publication

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Dr. Zhu has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Li	2. Surname (Last Name) Li	3. Date 20-March-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Ying Zhu
5. Manuscript Title Gene analysis of seven cases of primary immunodeficiency		
6. Manuscript Identifying Number (if you know it) TP-20-88		

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1. Given Name (First Name)
Guoshun

2. Surname (Last Name)
Mao

3. Date
20-March-2020

4. Are you the corresponding author? Yes No

Corresponding Author's Name
Ying Zhu

5. Manuscript Title
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1. Given Name (First Name) Lei	2. Surname (Last Name) Zhang	3. Date 20-March-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Ying Zhu
5. Manuscript Title Gene analysis of seven cases of primary immunodeficiency		
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Corresponding Author's Name

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5. Manuscript Title Gene analysis of seven cases of primary immunodeficiency		
6. Manuscript Identifying Number (if you know it) TP-20-88		

Section 2. The Work Under Consideration for Publication

Did you or your institution **at any time** receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

Are there any relevant conflicts of interest? Yes No

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Dr. Li has nothing to disclose.

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